INSTITUTE OF EDUCATION
UNIVERSITY OF LONDON

Developing theory about teaching practice in public health nurse education

Thesis submitted in partial fulfilment of the examination requirements for the degree:

DOCTOR IN EDUCATION (EdD)

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2014

ABSTRACT

This thesis explores ways in which practice teachers facilitate student learning on the Specialist Community Public Health Nursing programme. The knowledge they draw on and pedagogic practices they employ in the placement area seem obscure and difficult to articulate and, as a result, tend to be marginalised.

A mixed methods approach is adopted drawing on three forms of data collection: semi-structured interviews, a questionnaire and practice teachers' summative comments on student portfolios. Twenty practice teachers from one university were interviewed and practice teachers' comments in student portfolios in the same university were scrutinised. The information from the interview data informed the third data collection method, a questionnaire sent nationally to 115 practice teachers in 12 English universities. It aimed to establish whether views expressed in interviews were more generally applicable.

The findings offer fresh insights into, and interpretation of teaching practice and the knowledge relied on. Learning in the practice placement becomes an amalgamation of complex professional knowledge, client narratives, and cultural artefacts. These become appropriated and reconfigured as new professional knowledge. This process may result in different acts of translation of the day-to-day realities of each practice teacher rendering the approach person-bound and context specific.

The thesis concludes that drawing upon the above process the practice teacher's individual approach to teaching and learning develops and then (having assessed the context within which she is working) she engages to help with students' learning by using a mixture of formal knowledge and knowledge developed from practice. A model of responses and relationships has been developed involving complex professional knowledge and pedagogic processes. The study, therefore, sheds light on learning in the practice placement.

ACKNOWLEDGMENTS

I offer my sincere thanks to practice teachers whose stories are recorded in this study. They gave their time freely and shared their reflections during demanding periods of their professional lives. But for their openness and generosity this study would not have been possible.

I am also grateful to my family, friends and colleagues who assisted me along the way, especially Mark Naik for the proofreading and Chengetai Naik, Kumbi Short and Dave Miller for the graphics and others who gave their helpful and carefully considered critical feedback.

Most of all I am particularly grateful to Dr Gamarnikow for her supervision through my Institutional Focused Study (IFS) as well as this thesis. Her challenge, encouragement and wisdom have sustained me throughout the course of this journey of enquiry.

DEDICATION

This thesis is dedicated to my sons Mark and Chengetai for their support throughout this period of study and help with all matters Mac and Word.

DECLARATION

I confirm that the work presented in this thesis is entirely my own work, except were explicit attribution has been made.

The thesis is 38,338 words in length excluding appendices and references.

ABBREVIATIONS

BERA	British Educational Research Association
CPHVA	Community Practitioner and Health Visitor Association
D/EE	Department for Education and Employment
DfE	Department for Education
DoH	Department of Health
ENB	English National Board for Nursing, Midwifery and Health Visiting
EBM	Evidence Based Medicine
EBP	Evidence Based Practice
EU	European Union
GP	General Practitioner
HCPEF	Health and Care Professions Education Forum
HEI	Higher Education Institution
HEQC	Higher Education Quality Committee
KSF	Knowledge and Skills Framework
LREC	Local Research Ethics Committee
NHS	National Health Service
NMC	Nursing and Midwifery Council
RCT	Randomised Controlled Trial
RCN	Royal College of Nursing
SCPHN	Specialist Community Public Health Nursing
PCT	Primary Care Trust
QAA	Quality Assurance Agency
UKCC	United Kingdom Central Council for Nursing, Midwifery and Health Visiting
WHO	World Health Organisation

CONTENTS

LIST OF FIGURES

LIST OF TABLES

COMMENTARY on the DOCTORATE IN EDUCATION (EdD) PROGRAMME

This commentary recounts an intellectual and professional journey undertaken through the most critical and influential stage of my career in education. It charts the opportunities presented to me as both practitioner and researcher on teaching programmes for the Specialist Community Public Health qualification. It accounts for discoveries made and a greater awareness gained as a result of that journey.

I applied for the EdD degree to enhance my own sense of professionalism. I hoped to achieve this through developing critical perspectives on the changing demands of my role and through gaining deeper theoretical understanding. This was at a time when public health nurse education was changing rapidly. Chaos, confusion, contradiction and complexity sum up some of what had been happening at that time. The descriptions seem appropriate in virtually every sphere of professional activity from policy to regulation, to education and to practice. However, this professional doctorate proved considerably more than critical reflection. It helped me link policy and practice debates with my working life. I had been working as a lecturer in a School of Nursing, which had just been incorporated into higher education. My role at that time was that of a divisional leader with responsibility for developing a community and primary care thread into the pre-registration curriculum. During this period of study I applied and gained promotion as senior lecturer in public health and primary care. I then became the lead for negotiating contracts from PCTs to establish programmes in Health Visiting, District Nursing and School Nursing. This resulted in a more intensive interplay and consequent dynamic between the academic choices and professional decisions in which I became involved. This, in turn, fed into that professional life defining a higher level of professional identity. I believe this provided greater opportunity for a deeper experience and a broader reflection on my new responsibilities. It enhanced my awareness and understanding in interpreting and making sense of the professional challenges facing me. The doctorate had a huge impact on my leadership, research and teaching role. It helped me develop my interest in the teaching of practice knowledge.

Choosing forms of enquiry is inevitably influenced by personal and professional identity. Ambiguity in the role of educational professional researching at doctoral level, and concurrently fulfilling a demanding post, inevitably arises from conflicts of time, attention and priority. But this did not mean two separate existences. Rather each part of that duality acts to re-energise the other although this meant ensuring that a sense of academic and professional equilibrium had to be maintained.

My **first assignment** started when I was employed as a programme director of a postgraduate/post registration course in a university. This essay enabled a critical examination of the concept of professionalism during a rapidly changing educational climate. In this assignment I explored today's tensions in the profession of health visiting and where these originated. This was at a time when a bill had just been approved by the House of Lords (DOH, 1999) to amend the law about the National Health Service in relation to arrangements and payments between health service bodies and local authorities and to confer power to regulate any professions concerned with physical or mental health of individuals. As a result of this bill there was an amendment to the Nurses, Midwives and Health Visitor Act [1977] which meant health visiting ceased to exist as a separate profession on statute. Professionalism in this case was under threat. It served contradictory functions: on the one hand it defined and enhanced health visiting, but on the other hand (given the uncertain nature of the knowledge base on which it laid claims) it constrained definitions of its work and, therefore, its value. I concluded that professionalism involved development of an identity for health visiting which is appropriate to the new contexts of primary care within which it takes place. It had to cohabit with the consequences of the discourse of change and accordingly recalibrate, rejuvenate the concept of professionalism within the work and circumstances of transformed organisations.

My **second and third assignments** focused on theoretical and practical considerations in relation to empirical enquiry. My dual role of practising professional and researcher provided unique opportunities for accessing important otherwise less accessible research sites. I used this opportunity to explore how I could design small-

scale research and rehearse different methods of research, especially interviewing and capturing student/practitioner voice. In assignment two, I sought to assess the value of shared learning and teaching between nursing/medical/dental students. I focused on a community module which, formed part of the first and second year (pre-clinical) medical, dental and medical sciences undergraduate curriculum at a medical school for five years. That year an opportunity had arisen to incorporate a cohort of BSc Nursing students. In doing this I explored the Parlett and Hamilton's (1972) Illuminative Evaluation Model. I adopted a case study approach to generate both rich and generalisable data. Therefore, the employment of case study allowed for the use of a range of methods. This was an interesting project which identified some value attached to shared learning and teaching but also a number of 'resistances'. Assignment three explored health visiting practice in relation to the community development approach using a grounded theory approach. Glaser and Strauss (1967) give painstaking details about how to discover theory. My introduction to this approach was to have a lasting effect on the rest of my assignments.

My **fourth assignment** proved a pivotal moment shaping my enquiring through the remainder of the degree. I learnt at a much deeper level how enquiry cannot be value-free; all research is characterised by ontological and epistemological assumptions that implicitly form a set of coherent ideas about the nature of the world and ways of seeking meaning. The essay presented the focus and rationale for a small-scale enquiry looking at which circumstances health visitors might use psychological, as opposed to sociological, theories to inform their work using a grounded theory approach. I affirmed that the process of research "lives" within the pervading understanding of the subject and the philosophical and social concerns of the researcher. Accordingly I explored and critiqued the interpretive approach, its scope and limitations as a means of affecting the enquiry. I explored at a deeper level the theoretical grounding for interviewing. This reflected ontological and epistemological assumptions where participants themselves become constructors and co-constructors of meaning. I learnt that researchers could be active collaborators in a counter-hegemonic act of creating and understanding.

The next two assignments continued to explore tensions familiar to me in my daily work. These are tensions represented in the practice of teaching professionals within higher education. The **fifth assignment** focused on graduate standards linked to modularisation of programmes and the introduction of credit based schemes. Advantages associated with these schemes include flexibility, choice and ease of access for the students. The essay is built on definitions and explanations of professionalism formerly explored in the first assignment. However, there are disadvantages for professional courses in modularisation where theory/practice coherence and the development of professional identity may be compromised. I argue that socialisation of professionals requires continuity beyond each module in the programme and that the practice element is in danger of being marginalised in modular schemes. The conclusion was that there are examples of good modular and linear programmes in health care and careful course planning might well obviate the disadvantages.

At this point my enquiries whetted my professional appetite for practice learning. My purpose in the **sixth assignment** was to investigate professional learning for academic credit in practice placements. Health Visiting education and training is used as an example since 50% of the programme is devoted to practice placements in Primary Care Trusts. Students and their supervisors of practice use a combination of models to match both their learning style and the demands of professional practice. The conclusion was that this area was fertile ground for exploration, professional artistry and the link to academic levels was still in an embryonic stage.

By the time I got to the **IFS** stage, health visiting as a profession had disappeared from statute (replaced by public health nursing) and recent health policy changes marked a shift towards giving greater prominence to public health especially within primary care. I explored the effectiveness of the community nursing role in public health work using a case study approach. The aim of the study was to explore the effectiveness of a university course in providing the knowledge and skills required for public health work. In contributing to the literature of "voice", I investigated the experiences of the Dean of a School of Nursing, programme leaders, students,

practice supervisors and PCT managers who sponsor the students on to the course. In this assignment I explored the implications of insider research. The research methods used included semi-structured interviews, focus groups and use of a research diary to explore participants' understanding of the effectiveness of the course. Barthes' (1967) theoretical framework, which views policy as either "readerly" or "writerly" was used to gain an understanding of the policy process at local level. Whilst policy is wide ranging in its recommendation, it presents contradictions and tensions for public health practitioners. This creates barriers for "writerly" policy. The study identified dissonance between an attempt on the students' part to address the wider determinants of health and the government's emphasis on targets to reduce the incidence of coronary heart disease and stroke, cancer, accidents and mental health. Furthermore, effectiveness in public health work relies heavily on bio-medical tools of measurement. The study concluded by suggesting that, despite these shortcomings, there exists an opportunity for practitioners to influence policy at local level, but that a more supportive structure was required to achieve this.

At the time of completing the IFS health visitors had migrated to the third part of the professional register and were now known as Specialist Community Public Health Nurses (SCPHN). I returned to my interest for learning in practice on Specialist Practitioner degrees.

The **thesis** accordingly draws upon all that I had learnt so far both theoretically and methodologically. Specifically this study focuses on learning in practice. In order to explore what practice teachers do whilst facilitating student learning on placement I reiterated the policy process as it applies to developing curriculum and encountered Dale (1989) who portrays policy generation as remote and detached. Unlike Dale, Bowe, Ball, Gold (1992) postulate that the processes of contestation of policy can be a means through which ideas are developed and tested. The latter is more akin to the model used in the Specialist Practitioner programmes. I used different routes to discover workplace learning including various learning and teaching situations through interviews, documentary analysis and a questionnaire. Knowledge plays a central role in teaching and learning. I, therefore, draw upon the ideas of writers on

different ways of knowing, for example Carper, (1978); Schön (1983, 1987,1995) and Eraut (1994). I use Bernstein's (1999) elaboration on the different forms of knowledge as discourses and how integration of these in the learning situation might be used to explain the processes the practice teacher goes through during Specialist Practitioner qualification placement. A model of tacit responses and relationships is offered. Drawing upon the above process practice teacher's individual knowledge develops, and then (having assessed the context within which she is working) she engages to help with student learning by using a mixture of formal knowledge which has been learned in the university and knowledge developed in practice.

In **summary**, the following themes have provided the lenses for understanding and enriching my professional role. These themes have been explored, although not exhausted, and represent for continuing interests for enquiry. They are:

1. Understanding professionalism as a contested but newly expanded and enriched term. The enrichment is generated through the conscious choice and action of professionals reconstructed in the light of new demands and circumstances. This has led to my own professional re-positioning across a range of new roles.
2. Employing the possibilities and limitations of ethnography in seeking answers amid complexity, especially through the benefits of practising. This represents a potent combination of practitioner and researcher, so highlighting the centrality of researching and research outcomes as an element of professional life.

CHAPTER 1

General introduction

1.1 Aims and focus of thesis

This thesis aims to explore the ways in which practice teachers facilitate learning during student practice placement on the Specialist Community Public Health Nursing (SCPHN) programme and the knowledge they rely on. The term SCPHN is used throughout the thesis as it reflects the award the students receive at the end of the programme. An important aspect is the way practice teachers and students theorise during learning episodes in the practice placement. The research identifies an "empty space" in practice learning which is described as obscure, complex and difficult to articulate in the teaching and learning context.

1.2 Professional context

During my time as a programme director of a community specialist practitioner degree programme, I was aware of how technical imperatives, proceduralisation, scientific research and government policies dominated the way nurse educators should practice. However, policies often do not help educators understand, explain or develop their own practice. Government policies have ignored or have taken little notice of why educators work the way they do. Most importantly, educators have not successfully defended ways of working that are right for them as professionals.

The United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) in its review of specialist community nursing practice (UKCC 1994) introduced the Specialist Practitioner Qualification. The specialist areas are public health nursing/health visiting, school nursing, district nursing, community children's nursing, general practice nursing, community mental health nursing, community learning disability nursing and occupational health nursing. These specialist awards can be obtained by those who are already qualified,

experienced nurses or midwives. The first programmes became available in 1995 with the expectation that universities which offered community nurse education would all have changed to these new programmes by 1998. As a result of this review, a new curriculum for health visitor education followed the lines of what was deemed a more flexible programme for continuing professional development within the same profession (Pearson et al. 2000). In order to qualify as a specialist practitioner the nurse would be required to undertake a programme of study at first degree level, the minimum length of time being an academic year (32 weeks full time – or equivalent part-time, and consist of 50% theory and 50% practice) UKCC (1994). Prior to the introduction of these new standards the educational preparation of nurses working in the different fields of community practice had been varied ranging from a one year statutory course for which the qualification was registered (health visiting) through varied lengths of mandatory (district nursing) and non-mandatory courses (school nursing, occupational health nursing) for which the award was recorded. Furthermore, the change meant that the requirement for a qualified community practice teacher to oversee student health visitors during placement was not mandatory (UKCC 1994). Pearson et al. (2000) and Cowley (2003) see the removal of this dedicated support for students as adversely affecting the quality of student learning in the practice placement.

In the short term the title registered health visitor was retained and as its final task before its dissolution, the UKCC was charged with developing new competencies for health visiting and the current Nursing and Midwifery Council (NMC 2002) subsequently adopted these. The Nursing and Midwifery Order 2001 set out the law which removed the UKCC as the regulatory body for nursing, midwifery and health visiting. The NMC regulates two professions (nursing and midwifery). It could not, therefore, legitimately oversee the profession of health visiting. Health visitors, now known as community public health nurses migrated to NMC third part of the register. Government's aim was to group all practitioners engaged in public health on the third part of NMC register despite the tremendous variations and approaches to practice. However, the competency framework for the third part of the register uses the four principles of health

visiting as a basis for domains with a number of competencies in each domain. Eraut (1994) and Barnett (1994) argue that setting competencies is a method of controlling professionals in the interest of government. This is driven by concern for citizen rights and increasing cost of public services. All this resulted in widespread dismay and frustration within the health visiting profession which had been quietly marginalised within successive government health documents (see HMSO 1987; 1988 and1989). Health visiting has a long tradition of public health practice, however, in the 21st century public health has been hailed as everybody's business (DoH 1998). The result of this is that, students emerging from the programme are awarded the Specialist Community Public Health Nurse and "health visiting" has been relegated to an annotation.

The above discussion is important because the changes in the focus and delivery of educational programmes have had a huge impact on learning in practice. In such programmes, a major issue is the challenge for practice teachers to widen the horizon of practice learning. However, there have been drawbacks to this ambition due to UKCC's aim to apply a single framework for post registration courses which created a situation where there has been a marked decrease in the length of the public health nursing programme – from 51 week requirement laid down in the Health Visitor training rules -Statutory Instrument No 109 – Rules Approval Order [1977]. Furthermore, student learning in practice has, for a number of years, been poorly funded in the practice placement (HCPEF 1997): examples of this are - placement availability in the community, workload relief from service delivery for practice teachers and basic practice learning materials. Directives from central government and interpretation by the professional body (ENB/DoH 2001) have also led to considerable confusion about the role of the practice teacher. An underlying assumption in the directives is the notion that pre-registration mentorship model which is less costly, is good enough for Specialist Practice students. In order to gauge the value and importance of practice learning, it is important to access the richness and complexity of practice teachers "lived experience". Recent examples of studies on this aspect include Pearson et al. (2000); Robotham (2001) and Byers (2002), perception of clinical learning (Papp et al. 2003) and the impact of post-registration education (Stanley 2003). However,

these papers only provide a discussion on the process.

My argument here focuses on workplace learning as it affects the public health nurse education programme. There is a need to examine the way practice teachers facilitate student learning, the knowledge they draw on and they how perceive this knowledge. Such an exploration is timely because workplace learning is rapidly becoming an established part of the higher education landscape and its meanings are expanding from a narrow concern with the application of theoretical knowledge to the need for recognition and accreditation of knowledge generated in the workplace (e.g, Goding 1996 and Robotham 2001). This is important because learning in the placement area emphasises relevance and currency of what is learned. It should assume parity of esteem with established theoretical knowledge. In this way the workplace is increasingly positioned as a site of knowledge production in and of itself. Furthermore, the meanings of theory are also changing as learning programmes draw from more than one discipline and link such knowledge with professional requirements in a myriad of ways. In public heath nurse education this will be achieved by recognising the value of learning in practice during student placement, how this is made visible to/with students and ultimately with other professionals and policy makers. I believe investigating approaches to practice teaching and learning can fundamentally change the agenda for, and processes of, public health nurse research/education and professional development. Practice teaching and learning emphasises the value of intuitive knowledge, experiential knowledge and places practice teachers at the heart of public health nurse education development and research rather than being the recipients of ideas from key actors in policymaking (Bowe, Ball and Gold 1992) for example, Department of Health (DoH), Nursing and Midwifery Council (NMC) Primary Care Trusts (PCTs) and makes the investigation of practice educators a central activity.

In order to improve teaching practice, Stenhouse (1975) argues that teachers need to examine their actions and theories as they work, subsequently challenge them and seek to improve and refine practice and its underlying theory. The term "professional artistry" is relevant here and assists in the exploration of ideas on

teaching and learning in the practice placement. This term has been around for several decades, but the details of what it involves and its implications for public health nurse educators is not fully worked out (Twinn 1989; Cowley 1991; Robotham 2001). Professional artistry's view of practice sees it starting where the rules fade. The skills, procedures and all other visible elements of practice are seen here as only a small part of a practice teacher's work with students.

A further motivation for the research came from a desire to inform my teaching by examining students' meta-learning (learning to learn) and transferable learning (the development of transferable skills) within an increasingly changing, uncertain and contestable world. The general idea is to improve the status of practice knowledge in order to enhance learning. The way practice teachers come to produce their own meanings in relation to what counts as practice wisdom and how ultimately this can be defined as legitimate public health nursing and education knowledge that aids learning in practice is relatively unexplored.

1.3 Health policy context

In order to explore learning in professional practice, it is necessary to examine the policy context within which students' learning takes place. The State is the most powerful of the key actors in education policy (Dale 1989). Within this first context of policy formation, DoH (as the dominant actor) influences the nature and course of policy trajectory according to its own pre-determined political and educational ideologies which essentially support its own political role and function. In the end, its action leads to the production of official rhetorical curriculum at a national level. In England, public health nurse educators are influenced by an emphasis on the importance of public health (DoH 1998; DoH 1999a; DoH 1999b; DoH 1999c; DoH 2000; DoH 2001 and DoH 2004). This emphasis can be located within the Labour Government's public health agenda which encourages a discourse of quality and consumerism as well as concern for efficiency, cost effectiveness, social inclusion and knowledge which is evidence based. Within these discourses is the notion of workplace learning (DfEE 1996; Dearing 1997) which supports wider learning for students. More recent developments have

highlighted the importance of workplace-based learning for the delivery of a modern health service. The Willis Commission (2012) responded to concerns that pre-registration nursing education was not fit for purpose and delivered recommendations that included an emphasis on the importance of the workplace learning environment provided by the NHS. The report of the Public Inquiry into the failure of care at Mid Staffordshire NHS Trust identified a failure of Nursing and Medical staff to adhere to the highest professional standards as a key factor in the failures of the Trust and highlighted the important role of education and training in ensuring that such failures were prevented (Francis, 2013).

From a specialist community public health nursing/post registration perspective, there has also been increasing evidence on the importance of early interventions with families to support the general health and well being of children. These political drivers can be seen in the reviews by Dame Eileen Munro (DH 2011a and b) on preventative services, Graham Allan MP (2011) and Dame Clare Tickell (2011) both considering early years intervention and, the effects and life chances by the Rt Hon Frank Field MP (2010). For these reasons Health Visiting Implementation Plan' (HVIP) : A Call for Action (DH 2011) sets out plans to increase the number of health visitors employed by 50% (4,200 additional health visitors by 2015), to mobilise the profession and align delivery systems with new NHS architecture and local government children's services (including Sure Start Children's Centres). It also describes how the new health visiting services should include the delivery of the existing Healthy Child Programme (HCP) and integrate with services for children, families, mental health and public health. HVIP impacts on every aspect of health visiting education in HEIs and practices. The NMC standards are very broad and allow considerable scope for local interpretation by Approved Education Institutions (AEI). The NMC document Standards to Support Learning and Assessment' (2008b) emphasises the importance of practice teachers in student learning, stipulating that practice teachers should support only one student on the SCPHN programme at any one point and time, however some flexibility may be applied (NMC 2011b). The focus, therefore, is on practice teachers who support students' learning in the workplace within General Practitioner practices and the community. These policies provide considerable

opportunities for the development of innovative approaches to specialist public health nurse education.

These views are also influenced by a number of international agreements and agendas that are negotiated within the European Community (EC). Health has been afforded enhanced status as a standing item on the European Parliament's agenda in Brussels. Article 153 of the Treaty of Amsterdam (1999) commits the EC to achieving a "high level of human health protection" (Chambers 1999). The Public Health Chapter of the EC Treaty of Economic Union (The Maastricht Treaty 1992) requires all European countries to contribute to the promotion of health awareness and health protection by encouraging the design and implementation of local initiatives and community health programmes. Such activities are directed towards action that prevents the incidence of major diseases as well as promoting research into their causes, education and the giving of health information. European influences also regulate the movement of nurses between member states. Systems and directives have been agreed to enable European countries to ascribe mutual recognition to their pre-qualifying systems of nurse education. These systems have been designed to facilitate mutual harmonisation and recognition between countries in the European Union (EU) and provide a shared framework for the preparation of nurse specialists throughout the region (Sines 2001). The Standing Committee of Nurses of the EU (Standing Committee of the EU 1994) affirmed their support for the promotion of an active role for community health nursing in public health.

Within the wider global context, WHO also sets targets for health gain which include public health. These targets have assisted in shaping the health care agenda in the United Kingdom (UK) and have facilitated the introduction of common standards for primary health care services throughout the world. Other policy matters relate to the design of global health and nursing strategies based on the principles of equity, participation, multi-sectoral co-operation, international co-operation and primary health care.

1.4 Educating public health nurses to implement the public health agenda

The above policy frameworks are interpreted and adapted by the professional regulatory body the NMC. In its role of protecting the public, and as a second level policy actor, it specifies broad educational goals, pedagogies and desired outcomes of a policy. Drawing on Ball's (1990) analysis of the visible relationship between the state, the education system and the economy, the guiding principles are lifelong learning, simplicity/cost-effectiveness and an increased sense of unity among the practitioners (UKCC 1986).

From the State's point of view, the emphasis was on modernising health visiting education by opening up the professional register to all health practitioners with a remit on public health. The idea was to have a coherent framework for education beyond registration, identifying minimum common standards and the need to support and enhance opportunities to develop professional knowledge. It became necessary for the NMC to devise competencies for these groups that were wide enough to cover all aspects of public health work. Competences for the third register, published in 2004 (see appendix 1.1), can be described as the regulatory body's attempt to standardise professional education. How successful this approach will be remains to be seen. There has been wide interpretation of these standards by the various professional groups. There is an emphasis on education as a marketable commodity (Taylor 1997; Barnett 1992; Bines 1992). In this situation, an effective curriculum is one where individuals learn to act in an instrumental way on their environment. In professional education, however, the "technical rationality" model of knowledge (Schön 1983; Barnett 1994) has always been pervasive. The challenge for public health nurse educators is that students become technically good enough and, at the same time, it is important to safeguard process skills and knowledge. The NMC, in theory, supports the position of the importance of practice and this is articulated in their report, "The Standards of Proficiency for Specialist Community Public Health Nurses" (NMC 2004, 2008). This framework for professional education and practice is an attempt to respond to policy drivers.

The education policy (both theory and practice) is implemented by teachers and actively received by students. In developing new programmes at university level NMC (an essential partner in the university conjoint validation process) rules are drafted so as not to preclude the emergence of experimental modules to respond to local need. These changes demonstrate the view of Ball (1994) that, within the context of influence, struggle and compromises are involved. The primary objective of these programmes is to prepare students for specialist qualified practice. So, all UK programmes respond to professional competencies but their content varies and largely depends on interpretation of the delivered and received curriculum. Traditionally, community nurse education has separated theoretical and practical teaching, with the former taking place in an academic setting led by university staff and the latter in the community supervised by practitioners in practice. The common approach was to front load the theory in the curriculum; the assumption being that the student needs the theory in order to practise. This technical rational view prescribes and proscribes all the students' activities. Community nursing activities are pre-specified and are broken down into community nursing skills that must be mastered. The practice teacher, as role model, oversees these community nursing activities. Several models exist in the literature describing the role of a practice teacher (Chalmers 1992; Jarvis 1992; Byers 2002). Competencies or outcome models dominate courses of preparation for professional practice and the nursing regulatory body emphasises these models to ensure accountability and protection of the public. Therefore, the practice teacher needs to be properly qualified and have recognised professional experience. Identity formation is increasingly seen as a key outcome of workplace learning (Monroux, 2010). Similarly, it has been argued that the traditional emphasis on the 'Master' to 'apprentice' transmission can be understood better by recognising that learners are participating as students and members in the social groups which function to create and deliver practice in healthcare settings (Morris 2012).

I am suggesting an approach to teaching and learning in practice which assists the understanding of students' learning on placement. Very little research has been carried out in this area. There seems to be some mystery at the very heart of

a practice teachers' teaching role but at the same time a deep-seated desire to understand (and account for) the practice teachers' professionalism. The idea here is to explore the very real basis to practice teacher's facilitation of learning.

Aims and objectives

In order to improve learning in the practice element of SCPHN education, there is a need to unravel the learning and teaching process. This will be done by:

a) exploring the knowledge practice teachers rely on

b) exploring how they perceive the knowledge they require

c) examining learning approaches deployed by practice teachers in order to fulfil requirements for the Specialist practitioner qualification

1.5 Research Questions

The argument presented suggests the following research questions to be addressed in this thesis:

a) How do practice teachers teach public health nursing to students in the placement area?
b) What knowledge do they draw on?
c) How do they perceive the knowledge they require?
d) What are the pedagogic practices they deploy?

1.6 Structure of the thesis

Chapter 1 has set out the background in terms of policy and professional contexts, focus and scope for the study. Four research questions are posed.
To develop my argument, the second chapter describes a systematic review of the literature on learning and teaching with an emphasis on the specialist community

public health nursing education programme. The chapter organises material around two key issues from education and public health nursing: a) the nature of practical knowledge itself and b) the creativity central to teaching practice in the process of student learning. This area is not yet well understood.

Chapter 3 focuses on the process of the research. It explores an appropriate methodology, explains the sampling and introduces the methods used and presentation of the ethical considerations. The chapter explains ways in which the analysis is effected and ends with a critical reflection of the research process. The study sheds light on the detailed processes embedded within public health nurse education practice.

Chapter 4 considers the findings of the research, and the interpretations developed during the collection and analysis of the data. It provides a unified account of the major results and links the developing conceptualisations from three separate activities in the study. The chapter begins to develop a model that can contribute to the establishment of a theory about practice learning in public health nurse education.

Chapter 5 draws tentative theoretical conclusions, considers issues for further research and identifies professional application. The recommendations emerging from the answers to the research questions are divided into, firstly, implications for public health nurse education and, secondly, my contribution to knowledge. The chapter concludes by discussing the dissemination of the findings as a developmental/formative activity based on the research.

CHAPTER 2

2.1 A rapid systematic evidence assessment

2.1 .1 Introduction

Workplace-based learning is an important part of the education and training of health care professionals including specialist community public health nurses. In the UK this takes place mainly within the NHS. Research evidence has a central role to play in informing our understanding of the characteristics of excellence in workplace-based learning. A systematic review locates as many relevant studies as possible, selects them for inclusion in a transparent way, assess their reliability and have quality assurance mechanisms built into the review process (Thomas et al, 2013) but can be quite time consuming. In order to describe the research field, within a limited time frame, I used a rapid systematic evidence assessment (REA) which meant that searches were restricted to the most productive databases, and furthermore, a tightly focused scope enabled me to define the REA boundaries. The question the REA addressed was: what current evidence was there about what practice teachers/educators do with students and how do they construct learning experiences/environments, focusing on specialist community public nursing? The four questions identified in chapter one are aspects of this review question. The systematic evidence assessment, therefore, included two stages: 1) a focused search and screening process to identify relevant literature, 2) descriptive narrative of a subset of the relevant studies. The value of such an approach is that it provides a consistent description of a body of literature, using transparent and systematic methods. Interpretive meta-ethnography as defined by Noblit and Hare (1988) was used to analyse and synthesise the findings from the different studies. The chapter also considers learning and teaching in higher and education and the professions.

2.1.2 Identification of potential studies: Search strategy

Education literature is distributed widely, crossing professional and academic disciplinary boundaries. There are no search sources dedicated to practice education and no indexed bibliographic database specifically for this field. It was therefore necessary to use healthcare or education databases, together with hand searching (Haig and Dozier 2003) in order to identify an initial pool of articles for possible inclusion. These two elements formed the basis of the search strategy. To undertake the search in a rapid time frame a limited number of databases were used, retrieving articles which were only available in electronic form (Thomas et al., 2013) rather than waiting for interlibrary loans (which can take many weeks to arrive).

Bibliographic databases

Two databases were searched because there is no comprehensive coverage of the field in any single database and subject headings used by databases often fail to capture the field of healthcare education (Haig and Dozier 2003). For this reason, the search strategy used CINAHL (the largest database for nursing and allied health professions) and Medline (covers the biomedical and health literature).

Search strings for the bibliographic databases were developed by drawing on methods used in existing reviews (Dornan et al, 2006). The search strings combined MeSH terms/subject headings and simple free text terms (see Appendix 2.2). Once the searches were completed, all the references were exported into Endnote.

Handsearching

A number of websites were examined to identify relevant primary research and systematic reviews (see Appendix 2.3 for details).

a) Cochrane Effective Practice and Organisation Care Group (EPOC)
b) BEME Systematic Reviews

c) Centre for Reviews and Dissemination (CRD)

d) Community Practitioner and Health Visitor (CPHVA)

e) Royal College of Nursing (RCN)

f) Google Scholar

2.1.3 Identification of potential studies: selecting studies for inclusion

A set of inclusion criteria was developed and the primary guide for inclusion was topic area of, what practice teachers/educators do with students and how they construct learning experiences/environments. These were:

a) Articles about:

- Practice teachers/educators of Specialist Community Public Health Nursing (SCPHN) education programme
- Students on SCPHN programme
- Any other professional who taught on the SCPHN programme

b) Articles about practice teaching/learning, workplace-based teaching/learning (WBL) and not in the Higher Education Institution (HEI) setting

c) Titles and abstracts that were electronically available

d) Articles from England, Scotland, Wales and Northern Ireland or labelled UK

e) Articles published after 2004

f) Articles with explicit reporting of research methods and findings

g) Articles graded 2 and 3 on the 'establishing honesties' framework (see below for details).

The criteria was based on different ways of conceptualising learners, learning and the workplace-based learning environment (see section 1.4). Teachers' knowledge, their beliefs about what to do and how to do it, and the circumstances of the learning environment, all affect the way the practice teachers communicate with the student. Furthermore, knowledge production is no longer situated just in academe but instead takes place in communities, schools, hospitals and companies as well as universities. The reason for setting a limit for the publication date (2004) was because subsequent to this date three significant events occurred: the NMC Third Register for SCPHN was established (2004), both the DoH Implementation Plan for Health Visitors (2009) and the NMC guidelines for Education and Training for the Third Register (2010) were published. These documents have major implications for the workplace learning environment during the specialist community public health nursing education programme and studies after 2004 would provide relevant data in relation to the review question. The meta-ethnography approach locates the management and synthesis of findings in interpretivism. I, therefore, argue for 'honesties' (following Stronach, Corbin, Mcnamara, Stark and Warne, 2002). Honesties as a concept allows researchers to acknowledge not only the cyclical nature of 'truths', but also that the nature of honesties is defined by people and contexts. These methods for establishing honesties have been used as the basis of an evaluation instrument that was developed and used by Savin-Baden and Major (2004) to identify studies that reflected these values.

Table 2.3.1 Instrument for evaluating studies for interpretive meta-ethnography

	0 No mention	1 Some mention	2 Good mention	3 Extensive mention
Researcher(s) situated in relation to participants				
Mistakes voiced				
Researcher(s) situated in relation to the data				

	0 No mention	1 Some mention	2 Good mention	3 Extensive mention
Researcher(s) take a critical stance toward research				
Participant involvement in data interpretation				
Study theoretically situated				
Different versions of participants' identities acknowledged				

Selecting articles rated 2 or 3 in at least five of the seven categories allowed for a pool of articles that could be reanalysed and reinterpreted. However, this approach further limited the number of potential articles.

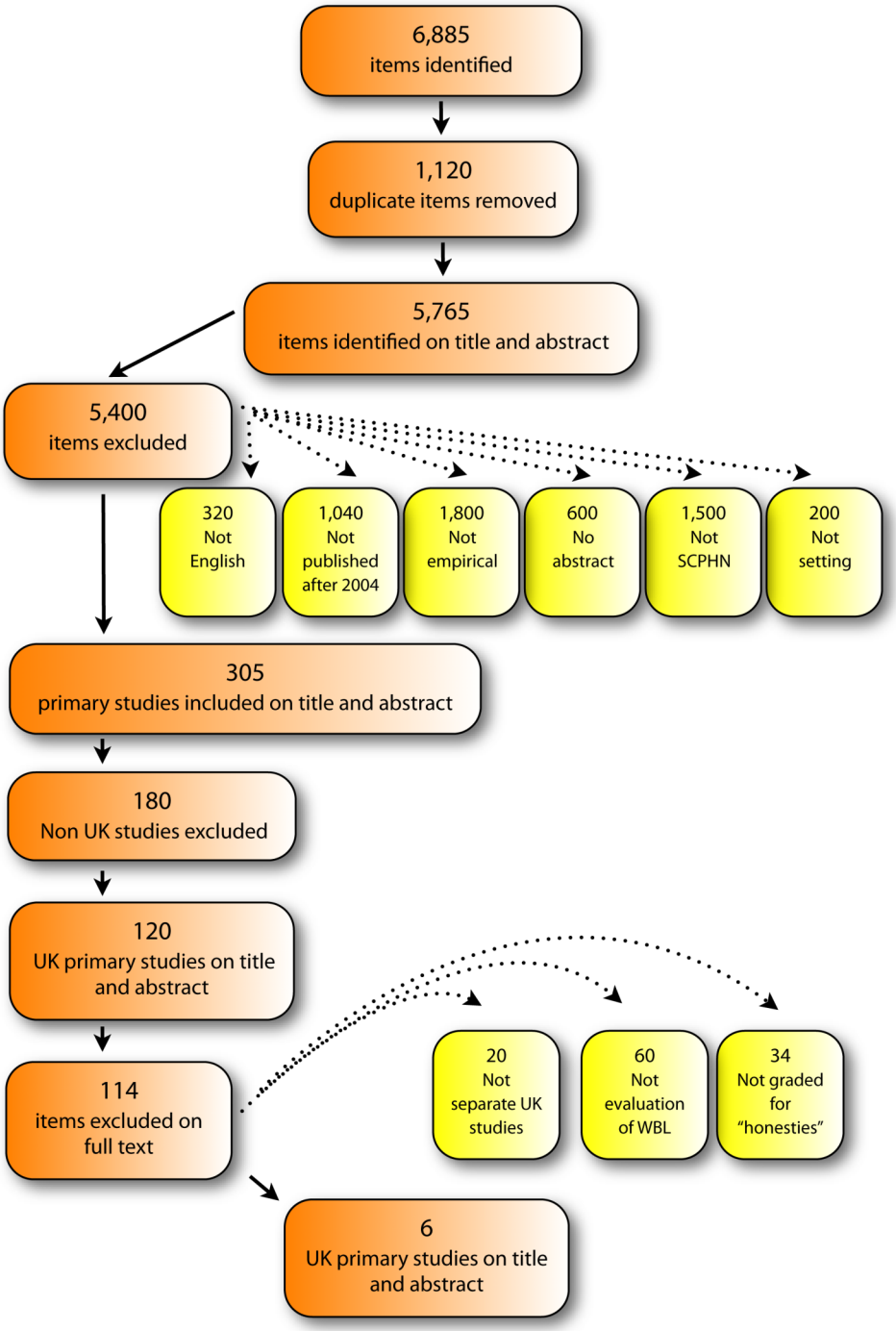
The process of screening studies then involved applying these sets of inclusion/exclusion criteria (see appendix 2.4 for more detail) to the information available about each research item. The screening was, therefore, undertaken in two ways:

1. For the handsearching, the title and abstracts of all potentially relevant items were reviewed during the searching process. All items deemed to be relevant were then manually entered into Endnote.

2. For database searching, the title and abstracts of all items identified in the search were manually screened against the inclusion criteria in Endnote.

See Figure 2.1 for flow of items.

Fig 2.1 Flow of items



2.1.4 Describing included studies

A coding tool was developed and applied to all UK studies (see Appendix 2.4). This involved the detailed summarisation of key characteristics of included studies, for example, elements of the research: practice teachers/educators of SCPHN programme participating, students participating, any other professional who taught students on SCPHN programme participating, the nature of the workplace-based learning, the study methods, the research findings of each study and the 'honesties' framework. Workplace-based learning and teaching was categorised and defined in the following ways: a formal supervisory or mentoring relationship investigated by the study (between the student and a qualified health professional) was defined as 'supervision/professional mentoring'.

2.1.5 Quality assurance process

Quality assurance procedures were undertaken at each stage of the review as outlined below:

- Protocol development (See Appendix 2.1 for more detail).

- Bibliographic database searching and development of search strings as a necessarily iterative process with pilot searches. A combination of MeSH and free text terms were refined in order to achieve a search that balanced sensitivity and specificity, that is, the number of irrelevant records that I could screen (precision) with ensuring that the search was sensitive enough to identify relevant research. This balance is especially important in a time-crucial review. The current state of the art of searching suggests that it is necessary to sift through many irrelevant titles and abstracts to find relevant ones.

- Screening : the inclusion/exclusion criteria were piloted.

- In-depth descriptive coding and included studies were coded over and over again as a sole researcher. Such a strategy is important because it provides a check on the consistency of the application of the coding tool.

2.1.6 Synthesis

The penultimate stage of an REA involves bringing together the findings of reliable studies to provide an overall synthesis of research evidence to answer the original REA question.

- I read the studies carefully and examined the relationship between them to determine common themes

- Synthesising involved developing second and third order interpretation that went beyond the mere comparisons of the findings of all the studies. The original argument for meta-ethnography (Noblit and Hare 1988) is that, through interpretation and by acknowledging the position of researchers as interpretivists, it is possible to recover the social and theoretical context of the research and thus reveal further noteworthy findings. Rather than just starting with raw data, I began with predetermined themes and descriptions that the original authors had chosen to include. In practice this meant that:

- To gain first order categories, I read the studies carefully and examined the relationship between them to determine common themes

- I then synthesised the data and reviewed the synthesising in order to gain second order interpretations

- Developing third-order interpretations added something that went beyond the mere comparisons of the findings of all the studies

- To sum up I, therefore, analysed data by interpretative comparison and inductive analysis. Not only were data compared and re-interpreted across the studies but also metaphors, ideas, concepts, and contexts were revisited in order to review how initial findings had been contextualised and presented. It was important to preserve the structure of relationships between the concepts within each study; however, as data were interpreted interactively, reusing some themes might have proved useful in some instances. However, forcing all data into common themes might have resulted in questionable research practices (Savin-Baden and Major, 2007), though I attempted to stay as true as possible to the original themes in terms of subtextual comparison.

2.1.7 Studies included from searching and screening

The selection of studies for inclusion was small. I found 6 studies that met the criteria for inclusion. In some ways I was disappointed with the low numbers; I found no articles from Scotland but two from Northern Ireland, one from Wales and the rest from England. Furthermore, these studies, as reported by authors, emphasised content and organisation of learning rather than pedagogical processes between practice teachers and students in the workplace. There was a danger of ending up with an 'empty' review. Since meta-ethnography is a fairly new area to me as a researcher, starting small had the advantage of allowing me an opportunity to explore the ideas and methodological approaches. Before presenting the findings a summary of each of the studies is provided and summarised (see Appendix 2.5).

The first study analysed and interpreted was Carr and Gidman (2012). This study examined the role and experiences of practice teachers and mentors of SCPHN programme in the community environment. The sample consisted of 15 practice teachers supporting students on community placements. The study used a questionnaire and semi-structured interviews. The findings illustrate that post-registration students demanded considerable time in order to develop their leadership skills and higher cognitive skills in practice. Practice teachers and mentors

experienced disjunction between their roles as educator and manager of practice. The conclusion was that practice teachers/mentors needed further support to carry out their educative role.

The second study, Robertson and Baldwin (2007), aimed to describe the advanced practice role of nurses with master's degrees in community public health nursing using their experiences and perspectives. The sample consisted of 10 nurses who were working in a variety of community health settings and supported students. Data were collected using audio taped interviews and one day observations of study participants in their workplaces. An editing analysis technique was used to analyse the data. Findings indicated that role characteristics included advocacy and policy setting at the organisational, community and state levels; a leadership style centred on empowerment; a broad sphere of influence; high level skills in large-scale programme planning, project management and building partnerships. Results provide important descriptive data about significant aspects of the advanced practice role to be communicated to students in community public health nursing.

The third study, Skingley (2007), describes the great concern to practice teachers of identifying and supporting failing students in community nursing programmes. Sample size is not stated. Views of a group of practice teachers were sought in the light of existing, related research. Methods of data collection are also not stated. It is suggested that of central importance is the need for higher education institutions and practice teachers to work together in identifying students causing concern at an early stage in their studies based on both objective and subjective observations, and to have in place documented procedures to be followed when such situations arise.

The fourth study Poulton, Lyons and O'Callaghan (2008) was conducted from the University of Ulster. The study compared the self-perceived public health competence of qualifying student specialist community public health nurses with those of practice teachers facilitating their practice learning. The sample consisted of consisted of 35 students and 31 practice teachers. A survey was used. Findings suggest that practice teachers felt more competent than qualifying students on

leadership and management for public health, working with communities, and communication skills. However, the qualifying students self-rated higher than the practice teachers on principles and practice of public health, suggesting that the practice teachers in this study felt less competent than their qualifying students in key public health skills, such as epidemiology, population health needs assessment, research and evidence-based decision-making. This study explores the content of the SCPHN programme and what knowledge is held by practice teachers in comparison to their students. This has an impact on how learning occurs. It is recommended that the triennial review of practice teachers should address not only educational skills but knowledge and skills in contemporary public health practice. The role of the practice teacher should be recognised and given appropriate support and renumeration.

The fifth study Poulton, Bataille, Lyons and Graham (2009) contacted a cohort of students starting a SCPHN programme to explore what factors influenced their decision to train for this part of the register and whether these differed according to previous experience. The aim was to gauge the student motivation and find out if practice teachers tapped into this to enhance learning. The sample consisted of 44 students. A survey was used. The most highly rated factors were an interest in health promotion, a desire to work in community settings and, more involvement in social aspects of health. These factors were closely linked with aspirations of career progression. On the whole students performed well in these subjects.

The final study, Surridge (2010), was conducted from Swansea University. A patchwork text was used to assess summatively B.Sc and M.Sc district nurse students learning and how this was informed critically during a module on a one year full time community programme. The sample consisted of five lecturers undertook first-person and co-operative inquiry into their experiences, including post-course reflexive discussions with 16 students and their practice mentors. Assessment was embedded within an action learning process that adopted an extended epistemology so that students demonstrated connections between practice, theory and their reflections. Maintaining reflective diaries functioned to enhance writing as

learning, with students presenting in non-linear terms, their regress, progress and self-evaluative skills. Marking was challenging for lecturers. Elements of criteria based upon portfolio assessment and qualitative research were supplemented by action research quality indicators, in terms of students explicating their choices and rationale. Summative judgements were enhanced and validated by markers engaging in critical dialogue with second markers and moderators and not through exclusive use of ever-increasingly sophisticated criteria. Authors of the study emphasise a relational, tripartite approach to learning and assessment (students, teachers and practice mentors' collective contributions) which enhances quality of both learning and its assessment, including competency assessment. Errors and weaknesses are also identified.

2.1.8 Findings

The findings presented in this section emerged in attempting the answer the review question: what do practice teachers/educators do with students and how do they construct learning experiences/environments, focusing on specialist community public nursing?

Which healthcare profession education programme was examined?

Table 2.8.1: Specialist Community Public Health education programme studies

Education programme	Number of studies
Specialist Community Public Health Nursing (SCPHN)	6

Table 2.8.2: Type of research findings?

What do the findings tell us about?	Number of studies
Student views only	1
Educator views only	3
Educator and student views	2

Table 2.8.3: What research approaches were used?

Type of data reported in the study findings	Number of studies
Both Qualitative and Quantitative	2
Only Qualitative	1
Only Quantitative	2

There are five studies reported in the above table. One study did not specify type of data reported in the study findings.

Table 2.8.4: Research methods used to collect data.

Data collection methods	Number of studies
Questionnaire/Survey instrument completed by student	2
One-to-one interview (face-to-face, telephone)	2
Focus group interview	1
Questionnaire/Survey instrument completed by supervisor/mentor	2
Observation	1
Self-completion report or diary	1
Not reported	1
Action learning	1

Of the 6 studies, 1 used a survey only, 1 used action learning and reflective diaries and 3 used a combination of survey, interviews, focus group and observation. However, one study did not discuss data collection methods. Categories are not mutually exclusive in the above table.

Table 2.8.5: Type of workplace-based learning

Type	Number of studies
Supervision/professional mentoring	6
Peer mentoring	0

Table 2.8.6: Country examined by research

Country	Number of studies
England	3
Scotland	0
Wales	1
Northern Ireland	2
UK	0

Table 2.8.7: Setting of workplace-based learning examined by research

Setting of workplace-based learning	Number of studies
Community setting	6
General practice/Family medicine	0

Table 2.8.8: Stage of curriculum at which workplace-based learning was offered

Stage of curriculum	Number of studies
One day a week through out the education programme	
Block placement towards end of programme	
Both	
Not reported	6

Three cross data themes emerged:

What was useful about meta-ethnography was the examination of issues, methods and concepts across the studies. Here we can move beyond the themes above to second and third levels of interpretation. The ideas below have been influenced by Savin-Baden and Major (2007).

Table 2.8.9: Cross-study analysis, synthesis and interpretation of data

Overarching concepts/themes	Second order interpretations (i.e. analysis and comparison)	Third order interpretations (data and conceptual interpretation)
Study context:		
Organisation of the programme between HEI and NHS Trust	Partnerships to support workplace learning	Change in the value of workplace learning
The content of the SCPHN education programme	Focussed range of public health topics to be taught	Relevant curriculum to support learning
Dual role of practice teacher /practitioner and how it affects modelling in the learning context	Recognising this important role in learning	Change in role to support learning

The results suggest the following themes emerging from the six studies in response to the review question: what do practice teachers/educators do with students and how do they construct learning experiences/environments?
The first studies' theme, does not describe views about pedagogical processes, but puts emphasis on the mechanisms by which the education programme is delivered. Learning in the workplace depends on the organisation between practice teacher/university/student. My second order interpretation to this theme is that of partnerships to support learning. Third order interpretation concerns the changed value placed on partnership working to enhance learning.

The studies' second theme describes views about the content of the SCPHN education programme which can be wide to cover topics on public health. Again pedagogical processes are not described. What is taught is very important to answering part of the question ' what practice teachers do' but how the content is taught is not discussed. Second interpretation will be about focussed public health topics to assist learning. Third interpretation is that of devising a relevant up to date curriculum, with defined boundaries on topics and realistic goals.

The studies' third theme describes views on modelling of the professional role to enhance student learning, 'sitting by Nellie' as it were. However, the dual role of educator/practitioner causes difficulties in the learning context. Again these are issues which only impact on pedagogical processes. The second level interpretation will be about the recognition of the importance of this dual role of educator/practitioner on learning in the workplace. Modelling would then become easier in the learning context. The third order interpretation will be about a changed modelling role to support learning in the workplace.

2.1.9 Summary of studies

Characteristics of included studies

Study	Study participants	Workplace-based learning	The findings tell us …	Study Methods
Carr, H. Gidman, J (2012)	**Practice teachers of which programme?** •SCPHN programme **No. of practice teacher participants?** •15 **Teaching qualification** •Not reported **No. of students** •Not reported	**Stage of curriculum at which WBL was offered** •Not reported **Country** •England **Setting** •Community **Scale** •Organisational/Institutional **Duration of workplace-based learning** •Not reported	**Educator views/ perceptions of learning experience** •Post registration students demanded considerable time to develop leadership and higher cognitive skills •Educators often worked over their hours to maintain both roles **Organisation of learning** •Not reported	**What methods were used to collect data?** •Questionnaire Semi-structured interviews **What types of data are reported in the study findings?** •Qualitative/Quantitative **Is there a clear statement of findings?** •Dual role needs support from university and employing authority **Notion of validity** •Trustworthiness and reflexivity **Positioning of researcher** •Inquirer

Study	Study participants	Workplace-based learning	The findings tell us …	Study methods
Robertson Baldwin (2007)	**Practice teachers of which programme:** •Community public health nursing **No. of practice teacher participants:** •10 **Are they experienced practitioners?** •Not reported **Are they qualified teachers?** •Not reported **No. of student participants:** •Not reported **No. of other participants who teach on the SCPHN programme:** •Not reported	**Stage at which WBL was offered:** •Not reported **Country:** •England **Setting:** •Community **Duration of WBL:** •Not reported	**Educator views/perceptions:** •Role characteristics - Advocacy - Policy setting at organisational, community and state levels - Leadership style centred on empowerment - Project management - Programme planning Significant aspects of advanced practice role to be communicated to students in SCPHN programme	**Methods of collecting data:** •Interviews •Observation **Is there a clear statement of findings?** •Significant aspects of the advanced practice role of nurses **Notion of validity:** •Trustworthiness and reflexivity **Positioning of researcher:** •Inquirer/researcher

Study	Study participants	Workplace-based learning	The findings tell us ...	Study methods
Skingley (2007)	**Practice teachers of which programme?** • Community Nursing education programme **No. of practice teacher participants:** • Not reported **Are they experienced practitioners?** • Not reported **Are they qualified teachers?** • Not reported **No. of student participants:** • Not reported	**Stage at which WBL was offered:** • Not reported **Country:** • England **Setting:** • Community **Duration of WBL:** • Not reported	**Educator views:** • Identifying and supporting failing students at an early stage • HEI and practice teachers work together in identifying students causing concern at an early stage	**Methods of collecting data:** • Not reported **Is there a clear statement of findings?** • Higher education institutions and practice teachers work together in identifying students causing concern at an early stage **Notion of validity:** • Trustworthiness and reflexivity **Positioning of researcher:** • Inquirer

Study	Study participants	Workplace-based learning	The findings tell us ...	Study methods
Poulton O'Callaghan (2008)	**Practice teachers of which programme?** •SCPHN **No. of Practice teachers:** •31 **Teaching qualifications:** •Not reported **Years experience of practice teachers:** •Not reported **No. of students:** •35 **No. of other participants:** •Not reported	**Stage of curriculum at which WBL was offered:** •Final year **Country:** •Northern Ireland **Setting:** •Community **Scale:** •Organisational/Institutional **Duration of workplace-based learning:** •Throughout the year	**Educator views:** •Felt more competent than students on leadership and management for public health, working with communities and communication skills •Practice teacher role should be recognised as important in the learning environment **Student views:** •Students rated higher than P/Ts on principles and practice of public health •Content of SCPHN programme and the impact on learning	**Methods used:** •Quantitative **Is there a clear statement of the findings:** •Triennial review of PTs should address knowledge and skills in contemporary public health practice and educational skills **Notion of validity:** •Trustworthiness and reflexivity **Positioning of researcher:** •Inquirer/Outsider

Study	Study participants	Workplace-based learning	The findings tell us ...	Study methods
Poulton Bataille Lyons Graham (2009)	**Practice teachers of which programme:** •SCPHN **No. of practice teacher participants:** •Not reported **No. of student participants:** •44 **No. of other participants who teach on SCPHN programme:** •Not reported	**Stage of curriculum at which WBL is offered:** •At the beginning of the 1st Year **Country:** •Northern Ireland **Setting:** •Community **Scale:** •Organisational/Institutional **Duration of workplace-based learning:** •Throughout the year	**Educator views:** •Not reported **Student views:** •Interest in health promotion •Desire to work in community settings •More involvement with social aspects of health •Career progression •Good student motivation to learning	**Methods used:** •Survey **Is there a clear statement of the findings?** •Factors influencing decision for this part of the register. •No significant difference between previous experience and factors influencing career change decisions. •SCPHN proficiencies should be reviewed and more flexible educational programmes developed •Research needed in occupational health roles **Notion of validity:** •Trustworthiness and reflexivity **Positioning of researcher:** Inquirer/Outsider

Study	Study participants	Workplace-based learning	The findings tell us ...	Study methods
Surridge (2010)	**Practice teachers of which programme:** •SCPHN **No. of teacher participants:** •5 **No. of mentor participants:** •Not reported **No. of student participants:** •16	**Stage of curriculum at which WBL was offered:** •Undergraduate/post graduate final year **Country:** •Wales **Setting:** •Community **Scale:** •Organisational/Institutional **Duration of workplace:** •Throughout academic year	**Educator Views:** •Mentor views on summative judgement on writing and learning •Quality of student learning on placement •Impact on student competency and student views on assessment	**Methods of collecting data:** •Action learning sets •Patch work text writing •Reflective diaries **Is there a clear statement of the finding?** •Relational tripartite approach to learning and assessment **Notion of validity** •Trustworthiness and reflexivity **Positioning of researcher** •Inquirer/Outsider

The rapid systematic evidence assessment has revealed very little evidence of pedagogical processes practice teachers undertake with students in the workplace. It is therefore necessary to search for evidence on teaching and learning in higher education and professional education generally.

2.2 Learning and teaching theories - literature review

2.2.1 Learning and teaching

A further search of CINAHL, MEDLINE, EMBASE, PsycINFO, ERIC, British Education Index Social Science Citation Index and Sociology abstracts covering the last twenty years for papers on learning and teaching and, on the knowledge public health nursing teaching relies on was undertaken. Basic theories of learning and teaching range from behaviourist, cognitive, humanist and social approaches (Entwistle and Hounsell 1975). In many ways this is a useful framework although it is not discreet and considerable overlap exists between the theories. Early research on learning and teaching dominated by behaviourism and cognitive psychology limited itself to measurable, observable behavioural outcomes. Educational researchers have tried to redress the balance by exploring the impact on learning and teaching of individual differences, giving taxonomies of learning styles which recognise that individuals may vary in their response to learning opportunities (Kolb 1984 and Honey and Mumford 1992). Such typologies have left the learning process as mysterious as ever, but emphasised the importance of teaching methods and techniques. The acknowledgement that individuals learn differently has alerted public health nurse educators to the danger of an approach which assumes homogeneity in a given group of learners, thus reinforcing the teacher's approach as the key to learning outcomes.

The review concentrates on researchers who have studied learning and teaching from a social perspective. For example, Vygotsky (1978, 1986) was concerned with potential rather than cognitive stages in development, although he is clear that developmental processes do not coincide with learning processes. Engerstrom (1987) basing some of his thinking on Vygotsky's work regards the zone of proximal development as a space for creativity. This applies to all forms of activity and learning and teaching for both adult and children. Using these ideas practice learning and teaching on the SCPHN education programmes emphasise the importance of context and how important that students should be sponsored into that community

of practice (Jean Lave 1991). Practice teachers and students essentially take the specific "practice event" (this is usually within the context of families allocated to a student by her practice teacher) as the central source of learning and teaching. The phrase "practice event" implies work not only directly with, but also indirectly on behalf of, the client, both of which are intended to ensure delivery of service. The practice event is central in three main ways. It is the principal source of stimulation to learn and teach. It is also central in that the learning and teaching has a primary aim of improving practice and not merely benefiting the learner. Finally, the practice event can be seen as chronologically central: learning and teaching takes place before the event as part of the process of planning, during the event as part of the process of adjusting the practice to a changing or unexpected context and after the event, particularly as part of reflection.

Bandura (1973) also drawing on Vygotsky's ideas, has shown that many of the behavioural patterns that we exhibit have been acquired through observing and copying others, this theory relies on reinforcement. These are useful ideas for practice teachers in their position as role model in the placement area as students learn through imitation when they enter new situations. Similarly, Kolb (1984), Boud et al. (1985), Gibbs (1988), Mezirow (1990, 1991), and Johns (1994) also stress the importance of experience. Students enter the practical placement for the first time, this is a new learning and teaching situation irrespective of how much learning and teaching has occurred in the university setting or, as experienced qualified nurses or midwives prior to the SCPHN programme – they are now having a primary experience rather than a secondary experience about practice and they experience it differently. In experiencing there is a combination of the biographical past with a perception of the present situation although, on occasions, that situation can actually be a memory of a previous experience. According to Boud and Solomon (2001) adults bring to potential learning and teaching situations their memories of the interpretations and their emotions which they gained from past experiences. SCPHN programmes have for many years taught students how to manage their caseload and evaluate their fieldwork practice during debriefing sessions with their practice teacher thereby, allowing them to reflect on past and present experience.

Jarvis (1987) has identified situations where there is disjuncture between learners' biography and the experience that they are having and consequently a potential learning and teaching experience occurs. If SCPHN students have a theoretical background gained from the university then they bring an informed biography and this affects their experience. However, theory may never be applied directly to practice since the practice experience is primary whereas theory gained in a lecture is secondary (Boud and Keogh 1985). Jarvis (1999) takes this further and argues that students actually develop their own theory from practice rather than apply it to practice. Kolb's (1984) learning cycle incorporates the possibility of two modes of experience because it allows for the learning and teaching process to start either with the concrete experience, or anywhere else on the cycle, including that of generalizing and conceptualizing, although the cycle is often assumed to begin with the concrete experience. The experience is either directly through the senses, or indirectly through linguistic communication – individuals can and do learn through both modes of experience. It can be noted that there are elements of previous theories in Kolb's cycle, which is understandable since no one theory of learning and teaching is able to explain the complexity of the many forms of learning that occur. The cycle has become popular in public health nurse education because of its simplicity but does not do justice to the complexity of learning and teaching. Indeed, it does not do justice to the concept of experience itself. An examination of writings on experiential learning shows that the concept of experience is treated in a variety of ways by different authors. For instance, it is taken for granted (Boud et al.,1983; Fraser 1995; Marton et al., 1984; Smith and Spurling 1999 and Winch 1998). Some writers imply that experiential learning is participatory (Henry 1992). Knowles (1980) echoing Oakeshott's analysis uses the term with reference to the sum of all past learning. Schön (1987), Peterson (1989) and Eraut (1994) argue that experiential learning is about reflecting upon the experience. These are useful ideas for public health nursing education as they view experience as a continuum (Steinaker and Bell 1979).

Carl Rogers (1994) contends that significant learning and teaching is experiential and puts emphasis on the whole person who is consciously aware of the situation - it is

the individual's skills, attitudes, values, feelings, emotions, beliefs as well as cognitions that all count. It is all these that help construct the experience itself. However, there is a problem with this wholeness since we may be consciously aware of an odour, for instance, which points us beyond the cognitive when we experience. Smell is a sense experience but we must hold the sense in our mind – we could not accurately describe it but we would recognise it on another occasion. The wholeness, therefore, demands a tacit dimension to our knowledge (Jarvis 2004). Existential learning as described by Jarvis (2004) is through learning that the mind, self and identity emerge from the body through the early experiences of life. Hence, learning is experiential but within an existential framework. In this approach the complexity of learning and teaching processes themselves are recognised and, the complexity of each person's approach to learning.

The above are different strategies for learning and teaching, but few educators have tried to match their teaching to these different approaches to learning (Entwistle 1998). Different writers have examined the way that students learned from reading and discovered that those who focused on the text and tried to remember it never really learned what it was trying to convey, which they called a surface approach to learning. But those students who adopted a deep approach to learning tried to understand its meaning (Belenky et al. 1986; Light 1995; Entwistle 1997, 1998 and Hounsell 1997), these learning approaches have been variously described as learning styles, thinking styles and ways of knowing. SCPHN programmes have found this essentially cognitive perspective useful as it begins with the student grasping material presented directly by the lecturer, or through required reading, and is basically concerned with remembering facts or procedures. It ends with the student independently and actively developing her own structures and extends the breadth of material across topic, course and discipline. Students may enter higher education with initial "reproducing" conceptions but it is expected that they will leave with more developed "transforming" conceptions. Entwistle and Entwistle (1992: 13) suggest that understanding is best "seen, not as a cognitive process, but an experience" characterised by feelings of "satisfaction, confidence and significance". The research on learning approaches, orientations and conceptions enable practice teachers in public health nurse education to reflect on how their pedagogical

strategies, teaching and learning environment they establish might aid or hinder students to cross the gap from recall to a more genuine understanding. The discussion points to the importance of a knowledge base in learning and teaching situations. The next section reviews the literature on where the practice teacher carries out the teaching on placement.

2.2.2 Where learning and teaching occurs

Since students on the Specialist Practitioner programme spend 50% of their time learning in practice, it is useful to examine the multiple traditions and perspectives on workplace learning and teaching (WPL) in the literature. The two sides (theory and practice) of the learning and teaching programme equation have been referred to as "unstable landmasses" (Barnett 2006), which might not readily or automatically relate to each other. The issue here is how to provide a basis for effective integration by better understanding the nature of theory and practice learning and teaching (Brennan et al. 2006). In this literature what is learned and taught tends to be addressed indirectly by way of assumptions. One such assumption is that there is no boundary or difference between theory applied in practice and the lecture theatre. According to Boud (2001: 56), for example, both are "potentially theoretically complex and intellectually demanding". Portwood (1993) calls this position one of common currencies. For him, it is a progressive, transformative approach.

A related position is a soft boundary assumption whereby any distinctions between the theory learned and taught in the university and the workplace that might exist are taken to be readily surmountable. SCPHN education programmes have assumed this position. The argument is one of similarity and continuity between the content of what is learned and taught. As Boud and Solomon (2001: 28) put it, workplace learning focuses on "similar but different knowledge". For Portwood (1993) this position is one of convertible currencies. Currently, in an attempt to address this, public health nurse education uses reflection in practice portfolios as a way of uniting theory and practice within the same framework. An example of this model of portfolios identifies what Endacott et al. (2004) term "cake mix" which incorporates a

reflective commentary in the portfolio, whether directed by practice teachers or at the discretion of the student, aimed at demonstrating the student's critical and analytical skills by asking them to consider how they achieved what they have, how the evidence supported this and what they have learnt. In designing the portfolio strategy it is thought that the model would demonstrate achievement of higher-level attributes identified by the QAA (2001). The practice portfolio, using the process of reflection, places major emphasis on practice, drawing personal theory out of practice and formal theory up to practice. This practical knowledge is a mixture of theorising (being able to generate your own theory) and practising and using this to teach.

Both the "no boundary" and the "soft boundary" positions are facilitated by acclaimed technical devices such as generic level descriptors, learning outcomes and explicit assessment criteria (Robotham 2001) which, as Costley (2007: 5) observes promote "a cosy fit" between WPL and new assessment and evaluation initiatives in higher education. A third implicit position is that the theory used in the workplace and the lecture theatre are different, but the former is of equal if not greater value than the latter: as in "we do suggest that workplace learning and teaching draws attention to a radical shift in our assumptions about 'legitimate' knowledge and learning" (Boud and Solomon 2001: 19).

How can these assumptions about the content of learning and teaching be theorised? Writing about professional and vocational education Young (2004; 2008) identifies two forms of social constructivism which, it seems, are also at work. By social constructivism he refers to the tradition of social theory which has a long and varied history since Hegel and Marx in the nineteenth century and the American pragmatists in the early twentieth century. It takes its most familiar contemporary form in the variety of perspectives referred to as postmodernism. It is a tradition in which emphasis is placed on knowledge we employ in the learning and teaching situation as a product of social and human practices. It follows that the specialised, codified or discipline-based theory in the Specialist Practitioner programme is in principle no different from the everyday common sense (or on-the-job) theory

(Young 2008). One form of social constructivism is process-based with roots in Dewey (1938), some types of experiential learning theory as mentioned before, (Kolb 1984; Weil and McGill 1989) and situated learning (Lave and Wenger 1991). In this form, the emphasis is on knowing rather than knowledge. An example of this in nursing is Carper's (1978) work on ways of knowing. As such there are no criteria (no need for criteria) by which to delineate forms of knowledge from each other. Their strength is in the emphasis they give to the contextual or situated character of what the practice teacher teaches. Knowledge for them is always produced or acquired "in context"; it is never entirely context-free. Given the importance of learning and teaching in practice in the SCPHN programme, it is not surprising that process-based approaches lie at the heart of attempts to conceptualise professional education (Young 2008). Although context-specificity is an important aspect of the content required for all jobs, professional jobs require knowledge involving theoretical ideas shared by a "community of specialists" that are not tied to specific contexts. This perspective seems to underpin the "no boundary" and "soft boundary" assumptions above.

The second form of social constructivism is interest-based with roots in Marx and involving the counter-privileging of particular social interests and knowers – based on social class and later on race and gender and other identity categories. From this perspective, content in educational programmes is attributed to vested power interests. Interest-based approaches to content have an important critical role in reminding professional educators that any selection of knowledge may be an expression of a social interest or embody a particular set of power relations (Young 2008). The Specialist Practice curriculum is always likely to be in some part a power struggle between employers, educators and the State. This perspective seems to influence the "different but equal, or better" assumption about theory in the workplace learning and teaching literature. Both forms of social constructivism have, somewhat paradoxically, been buttressed by the (arguably behaviourist) standards-based approaches to qualifications adopted by the professional body NMC. One of the critiques of the work related learning and teaching of the 1980s was that subject-based theory had become too dominant in a policy context characterised by

increasing concerns about skill levels and national economic competitiveness (Burke 1989).

Given that both workplace theory and subject-based theory are important and need to be mutually reinforcing in learning programmes such as the Specialist Practitioner qualification, the solution lies in recognising the difference and putting in place mechanisms to negotiate those differences. This has been referred to as "hard boundary approach" (Muller 2000; Young 2003). It requires analytically powerful epistemological concepts. A recently popularised way of differentiating between modes of theory production is via the concepts of Mode 1 and Mode 2 (Gibbons et al. 1994; Evans et al. 2004). The former refers to theory produced by academics and scientists working with discreet disciplines in academic and/or research-based institutions. Mode 2 theory production is a social process orchestrated by multiple actors in specific and multiple local contexts (Evans et al. 2004). It is very much the form of theory production that underpins the emphasis on workplace as a site of knowledge production. The relationship between the two modes is unclear. The concepts offer differentiation but no means of integration and are therefore of limited use to developing theory about practice in public health nurse education. To take the above explanations further I will now explore what the practice teacher teaches in order to discover ways of integrating all components of learning.

2.2.3 What is taught

The Specialist Practitioner programme adheres, to what Bines (1992) describes as an emphasis on a systematic knowledge base. Several studies have explored some aspects of health visiting knowledge Chalmers (1993); Cowley et al. (1995; 2000a, b) and Carney et al. (1996) and assessment of family "vulnerability" Appleton (1995, 1999); Williams (1997); Newland and Cowley (2003) and Brocklehurst et al. (2004) and point to the complexity and ambiguity within practice contexts. The above processes require the practice teacher to have a wide knowledge base in order to facilitate learning (Appleton and Cowley 2003). Robotham (2001) focuses on the assessment methods and transparent grading criteria required in the health visiting practice

element. Her emphasis is on allocating parity of esteem to theory and practice. Goding and Cain (1999) begin to exam in more detail the sources of health visiting knowledge and the interplay between the knowledge and the knower. More recently, Appleton and Cowley (2008) have increased our understanding by identifying knowledge types that health visitors use during family health needs assessment by unravelling some of the complexity and intricacies of the processes involved. They recommend education programmes which adequately prepare students for the differentiation of knowledge types in assessing health needs.

SCPHN in common with other applied disciplines, has an emphasis on competence in the Specialist Practitioner qualification – what Bines (1992) calls a "technocratic approach". This emphasis can be seen to have roots in the dominant climate of economic ambition. Despite broad and detailed criticism of this approach to professional education and, in particular, the concept of competence, national reports on education (Fryer 1997; Dearing 1997; Kennedy 1998) have emphasised the importance of workplace learning and teaching to achieve competence and have found strong support from Central Government (DfEE 1998a, 1998b). This political emphasis on learning and assessment in the workplace and vocational relevance of education has clearly re-affirmed the potential importance of learning and teaching in practice. In public health nurse education partnership between the NHS and HEIs is a dominant feature of this approach and is now enshrined in the requirements of the professional regulatory body (NMC 2004). There have been gains for practice learning and teaching within this period of partnership particularly as higher education institutions have lent their support to the development of the practice component, notably helping develop the knowledge base of practice learning and in training and supporting practice teachers. Research evidence is seen as playing an important role in developing the knowledge base of practice.

Schön (1987b) and Eraut (1994), in exploring what the professional learned, see professional work as involving artistry which comes from the very nature of professional work itself. The knowledge involved in the practice teacher's knowledgeable actions is tacit and difficult to bring to the surface, is difficult to

formulate and do justice to in simple words (Chalmers 1993). This also makes it difficult to convey to others and hard to utilise in order to explain their actions. Schön describes a kind of knowing which is in the action being carried out. In his analysis he uses airline pilots (an applied discipline) as an example. Public health nursing, also an applied discipline, needs to understand the traditions of practice in its profession, to know those rules, processes, skills, abilities and capacities that are the norm for working within the profession.

In terms of what is learned and taught, Eraut's categories and concepts are useful because of their detail. Eraut (1994) distinguishes between propositional knowledge and process knowledge in the professions. Propositional knowledge falls into three categories: discipline-based theories and concepts; generalisations and practical principles in the applied field of professional action; and specific propositions about particular cases, decisions and actions. This is an unusually broad conceptualisation of propositional knowledge. However, propositional knowledge appears more concrete and therefore easier to articulate to students. In contrast, process knowledge is about "knowing how" in relation to professional practice. There are five types of process knowledge: acquiring information, skilled behaviour, deliberative processes (e.g. planning and decision making), giving information, and meta-processes for managing one's own behaviour (Eraut 1994).

In later work, Eraut et al. (2000; Eraut 2004) make an additional distinction between "cultural knowledge" and "personal knowledge" both of which have "codified" and/or "uncodified" dimensions. Codified cultural knowledge is discipline-based propositional knowledge. Eraut sees uncodified cultural knowledge as playing a key role in most workplace practices and activities. Although it may not operate at a conscious level, it can be brought to consciousness through reflection and deliberative activities. Personal knowledge includes implicit, tacit, public and private knowledge. In a codified form it might take the form of personalised versions of public, codified knowledge which provide the basis for assignments and assessment within educational programmes from which more than the replication of publicly available knowledge is expected. In an uncodified form personal knowledge is

'everyday knowledge of people and situations, know-how in the forms of skills and practices, memories of episodes and events, self-knowledge, attributes and emotions' (Eraut 2004: 202). Eraut's categories and concepts give a particular texture to the notion of workplace learning and teaching and are particularly useful for practice teachers because work produces knowledge that is part-propositional; part process knowledge; part uncodified cultural knowledge; part personal knowledge. This degree of differentiation points to the complexity of integration required.

The above approaches to what is learned and taught are useful but remain rather general. Bernstein's work on discourses, knowledge structures and recontextualisation offers integrative strategies. Bernstein (1999), following on from Durkheim's (1995) ideas of the sacred and profane orders of meaning, uses the terms "vertical discourse" and "hierarchical knowledge structures". The key point he makes is that forms of knowledge are structured differently. Hierarchical knowledge structures are typified by science, economics and linguistics. They take the form of a "coherent, explicit, and systematically principled structure, hierarchically organised, as in the sciences" (ibid.; 159). The development of knowledge in this structure is towards more and more general positions which build on and incorporate knowledge at lower levels. Students learn some concepts before others to enable them to then learn the more complex and abstract ones. The development of the knowledge and its organisation are cumulative.

Bernstein refers to knowledge in the human and social sciences "horizontal knowledge structures". These he claims are organised in a serial rather than a cumulative way – "a series of specialised languages with specialised modes of interrogation…as in the social sciences and humanities" (ibid.). They develop by the addition of another language – often characterised by a new theorist. Bernstein illustrates this using Sociology as an example with functionalism, structuralism, post-structuralism, phenomenology representing languages which in the main do not speak to each other. Bernstein (ibid; 159) uses "horizontal discourse" as an overarching term to refer to knowledge which is "oral, local, context dependent and specific, tacit, multi-layered and contradictory across but not within contexts" –

"knowledge arising out of common problems of living and dying". Horizontal discourses are culture or context – embedded within families, peer groups, communities or workplaces (Barnett 2006). The key is that although important for getting things done, horizontal discourse needs the particularity of a context to be activated. It is a form of sense making that is segmental. Furthermore, it has no principled way to extend the knowledge structure vertically.

It is important to remember that these are analytical not descriptive terms (Young 2005). So although forms of knowledge are analytically dichotomous, the real world will always present a more complex picture. The concepts are extremely useful for understanding what is learned and taught in practice. They can be used to investigate the nature of theory and practice that contribute to learning and teaching. Both will be characterised by different configurations of knowledge. Vertical discourses will include elements of horizontality and vice versa. It is important to note that the concepts do not imply that all workplace theory is horizontal discourse although it is likely to be more contextual and related to ways of coping in contexts than subject-based theory. The discourse and knowledge concepts are, however, inadequate on their own for understanding learning programmes because they do not retain their pure forms when "pedagogised". Bernstein was mainly concerned with academic and general education. Through his concept of "recontextualisation" he described the movement of vertical discourse from its context of production, for example a university research centre, to a formal learning programme in a university. He saw this as a complex but relatively straightforward process whereby disciplinary knowledge is selected, simplified, exemplified, adapted, recast and generally made more teachable and learnable for particular groups of students. However, Ball (2006) says whilst Bernstein's (1999) categories of vertical and horizontal discourses may be useful for describing differences in knowledge types what seems to be missing is a form of knowledge which has elements of both the vertical and horizontal which emerges from the particular. These forms of knowledge are embedded in and thus dependent on practice for their realisation.

Barnett (2006) takes Bernstein's idea of recontextualisation and reclassification into the realms of professional education. This is particularly pertinent for the Specialist Practitioner curriculum in terms of revealing more about theory and practice. Barnett (2006) presents two contextualisation steps: one that refers to programme design which he calls reclassificatory recontextualisation; and a second, which refers to teaching and learning dimensions of learning programmes, which he calls pedagogic recontextualisation. Reclassificatory recontextualisation is the selective restructuring of disciplinary knowledge with regard to the demands of professional practice. Disciplinary knowledge and practice demands do not map into each other neatly. What emerges in a learning programme, according to Barnett (2006: 147), is a "blackbox" of selected professional knowledge comprising some disciplinary knowledge, some situated local knowledge and some practice-based knowledge. The useful questions to ask are: What is in the "blackbox'"? How much/little of what? Why is the "blackbox'" the way it is? Secondly, pedagogic recontextualisation will be about making sense of and organising the contents of this "blackbox" of professional practice' for the processes of teaching and learning.

The above review of learning to research practice teaching has covered learning and teaching specifically, but also the relevance and currency of the site of learning and teaching and the importance of a systematic knowledge base in the learning and teaching of a regulated profession. This is important since 50% of the SCPHN programme is taught in practice, the knowledge base of which is developing fast. The above discussion has, therefore, raised issues about how different types of knowledge might be integrated in the learning and teaching situation.

2.2.4 Summary

This chapter has undertaken a rapid systematic evidence assessment of teaching and learning on placement during the Specialist Community Public Health Nursing Education programme with the conclusion that very little evidence exists.

The chapter also considered aspects of theories of learning and teaching, what practice teachers teach and where they teach. This helps to build a clearer

understanding of learning and teaching in the SCPHN practice placement, an "empirical field" determined in the research question in section 1.5 page 26. An emphasis on competence in public health nurse education has re-affirmed the potential importance of a requirement of more specific explication of the relationship between theory and practice during students' placement.

I have argued that social constructivism and the legacy of standards-based approaches to professional qualification do not provide a firm basis for improving "integration" in the learning and teaching situation largely because they are partial explanations and most importantly they obscure issues around the theory required. Bernstein's concept of recontextualisation (as developed by Barnett) offers a means of analysing the content and construction of learning and teaching programmes in practice. On this basis it becomes possible to theoretically unpack (from a knowledge perspective) the exact nature of the "unstable landmasses" of theory and practice and to use that detail to conceptualise the most educationally appropriate means of 'integration' in the practice placement. The next chapter focuses on the activation of the research drawing upon a mixed method of interviews, student practice portfolios and a questionnaire.

CHAPTER 3

3 Methodology

3.1 Introduction

The purpose of this chapter is to focus on the aims and design of the research. The literature review has highlighted different approaches to learning and teaching, the site of learning and teaching and the knowledge relied on during these processes. However, at face value it seems impossible to ask about the processes involved which appear to have no tangible form although, it is argued, can lead to tangible results. The processes exist only in episodes of learning and teaching and in the meanings which individuals place on them. The chapter discusses the research strategies adopted to find and make sense of these intangible strategies to learning and teaching. It sets out the approach and steps involved in sequential mixed methods analysis. The final section considers critical reflections of the research process.

3.2 Research questions and design

The research questions identified are:

a) How do practice teachers teach public health nursing to students in the placement area?
b) What knowledge do they draw on?
c) How do they perceive the knowledge they require?
d) What are the pedagogic practices they deploy?

The research seeks to understand learning and teaching in the placement area and the knowledge practice teachers draw on. This is important because an understanding of learning and teaching is an important element of creating professional knowledge and therefore, a significant contribution to professionalism.

A mixed method approach was chosen because it was important to cast the net as widely as possible by employing different methods of data collection in order to get a good sense of what was happening during learning and teaching on placement. In the first phase of the study, teaching and learning situations and knowledge relied on were elaborated on during interviews in one university. In the same university, practice teachers' comments in students' practice portfolios assisted in eliciting information on what teachers perceived as important areas to be taught on placement. However, due to time constraints it was not possible to match each interview to portfolio. In the second phase of the study, a questionnaire was sent more widely to practice teachers supporting students in English universities. The questionnaire had been developed from the interview data. The best way to achieve this was by identifying the main themes emerging from the interviews and focusing on these known problems in the questionnaire in order to establish whether these themes were generally applicable.

3.2.1 Rationale for mixed methods approach

Researchers can use different analytic strategies in order to explore different facets of the data, explore different kinds of order in them and construct different versions of the social world. The more we examine our data from different view points, the more we may reveal or indeed construct their complexity. Coffey and Atkinson (1996) emphasise a sensitive appreciation of complexity and variety. A mixed method approach, which included both qualitative and quantitative strategies, was considered the best approach to answer the wide-ranging and obscure nature of the research questions. The rationale for a multi-strategy approach was that it used different sources and techniques of data collection and had the potential of a greater yield in the production of theoretical ideas and concepts (Layder 1993). In addition, data from different sources militates against personal biases that might stem from a single source. The mixed methods approach aimed to identify patterns, discrepancies, variations and new insights about concepts isolated in each phase of the study and establish whether these were general or context specific (Cresswell and Plano Clark 2007). The combination of qualitative and quantitative approaches

has therefore, enabled a more complete picture by providing in-depth knowledge of participants' perspectives in one university and contrasting this evidence from 12 English universities.

3.2.2 Data collection methods

The tools and techniques for collecting data were interviews, a questionnaire and analysis of practice teachers' comments in student portfolios. The choice of starting with interviews was a practical one. Ethical approval was likely to be long and drawn out and it seemed wise to set this up first. The questionnaire which followed, focused on main themes identified in the interviews as previously mentioned. The three methods were used to check the evolving theory (Glaser and Strauss 1967), for example similarities, discrepancies, variations and new insights about concepts isolated in each phase.

a) Interviews

In-depth semi-structured interviews (see appendix 3.1) were formulated. Twenty interviews, which were about an hour long, were carried out at the participants' work places and at a time convenient to them. Due to the long distances between participants' workplaces, it was only possible to carry out one interview per day. Use of a digital recorder and microphone had been explained to the participants prior to each interview and an opportunity offered for using a different method if they felt uncomfortable. Guba and Lincoln (1985) observe that the advantages of such devices have to be weighed against time, cost and obtrusiveness. Conversely, Lofland and Lofland (1984) argue persuasively that the attention of the interviewer needs to be focused fully on the interview process in order to be alert to what is being said so as to probe and pick cues as they occur. Beyond occasional initial embarrassment very few participants seemed discomforted by the use of a gadget.

The themes of the interviews were drawn from:

personal experience as a programme director of a similar course

previous study in EdD essays and assignments which focused on education and the role of the public health nurse and an emphasis on practice learning in modularised schemes.

The interviews were open-ended, allowing the participants to provide the information from their perspective. Thus, the notion of practitioner "voice" was employed acting as a powerful means of constructing participant reality. The overall approach adopted for the interviews was one in which I collaborated with participants and they were encouraged to become active constructors of knowledge and meaning, (Holstein and Gubrium 1995). At first it was difficult to get participants to describe the "taken-for-granted" aspects of their lived-experience. Early interviews provided me with an opportunity to gain familiarity and expertise in the technique and to identify which interview conditions, questions or statements that would generate informal discussion and relevant comments from the participants (see appendix 3.1). These interviews were carried out using different questions, introduction and format. In the main, interviews covered all the research questions posed. The categories arising from the early interviews revealed the need to step outside the taken-for-granted terms, such as conventional beliefs about organisational practices, into their lived world through their narratives. The important issue was to identify categories used by the practice teachers themselves in their context of work (Silverman 2005).

Multiple versions of reality were presented and the task was that of reconciling the particular within these three counties in which practice teachers worked with what is generally known nationally and internationally. After much preparation, I learnt to have a sharper focus in my interview technique. For example, asking participants "what worked well/did not work so well" during facilitation of students' learning in practice yielded more information than any specific line of questioning. This

provided "depth" described by Wengraf (2001) as the constituent of an interview that seeks to generate a sense of "how the apparently straight forward is actually more complicated, (and) of the surface appearances may be quite misleading about depth realities"(Wengraf 2001:6). The study recognises practice teachers' voices as being important in these respects through exploring how they have evolved their practice and the facilitation of students' learning in the placement area. However, the fact that interviewees are reconstructing events in retrospect has to be considered (Wengraf terms this an "evolutionary narrative", constructed by researchers as "the biographic-narrative-interpretive-method of case-history" (Wengraf 2001:285). The main technique of establishing credibility was by showing interview transcripts to the participants so that they could indicate their agreement or disagreement with the way I had represented them (Seale 2004). Each participant was given a copy of the interview transcript at subsequent meetings and I went through the transcript with them to check accuracy of what they had said. I also had one meeting with all the practice teachers in the study so that I could present the main themes from the study and check validity.

b) Questionnaire

The above interviews were used to develop an instrument for the second phase of the study during which a questionnaire was administered to a second sample of practice teachers. Devising the questionnaire took some considerable time as it became difficult to pin down the process of assembling and using practice knowledge, in words. I used closed questions and concentrated on the investigation of "known problems" and themes identified in the interviews. Some of the questions on knowledge practice teachers relied on, drew on recurring issues observed when visiting students on the course I led. The questionnaire included 13 items which addressed two dimensions: what knowledge practice teachers used, and how they facilitated learning on placement. A draft questionnaire was piloted to test the clarity of the questions, ease of completion and type of data generated. A final version of the questionnaire was made available for completion to 115 practice teachers

through e-mail. The aim was to identify broad trends in the national population of practice teachers (see appendices 3.3 and 3.12).

It was considered a good strategy to invite practice teachers to make open-ended responses in the "additional comments" sections in order to broaden opportunities for a wider response. Thus, the questionnaire gave some idea of the range of responses and how common these were in the 12 HEIs courses. All respondents supported students on the undergraduate/postgraduate Specialist Community Public Health Nursing (SCPHN) programmes. All practice teachers had one student attached to them throughout the academic year, although occasional medical students and pre-registration nursing students spent odd days with them.

c) Practice teachers' summative comments

I gained access to practice portfolios from the BSc/MSc Specialist Practice in Public Health Nursing programme (2004-5). These were available after the final meeting of the Board of Examiners for that cohort had taken place. Assessing professional practice has occupied educationalists for many years and still poses many questions (Byers 2002) in parallel to the debate about enhancing student learning and teaching. The scrutiny of these documents involved examining practice teachers' comments on how well each student used and developed practice knowledge on placement and how this knowledge was linked to established theory and professional (NMC) competencies. Time was tight because students were due to pick up their portfolios from the Examination Office during the week in which ratification of the results occurred.

Each student portfolio demonstrates highly individualised experience in practice but the compilation of it is structured to demonstrate competencies in a regulated profession (NMC 2004), QAA standards for health visiting (NMC 2002), key skills (NHS KSF 2004) as well as creativity, entrepreneurship and management of workload and caseload (prioritising, working across agencies and leadership).

A major problem with this data collection method is that - the portfolios were compiled for a different reason. This study is attempting to capture data from a secondary source; therefore, there are problems of validity and rigour. Any interpretation from the data is therefore, provisional.

A key issue in the portfolios is not only one of integration of theory with practice but how students demonstrate competence within that practice. Portfolios serve this purpose and are valued as evidence of attaining and maintaining competence. As the complexity of what public health nurses are expected to do continues to increase, personal reflection in practice and the documentation of professional development have become important and the context of all this is found in the professional portfolio described as a "long thin module" which links with the rest of the theoretical modules on the course and throughout the academic year. Following the Australian view of competence as a holistic concept (Hodkinson 1992; McMullan 2003) it is the totality of the portfolio that needs to fulfil any grading criteria used by the practice teacher. The presentation of the work and its organisation is critical in enabling the practice teacher to determine whether module learning outcomes have been met. The structure and intention of the portfolio, together with the outcomes it has been compiled to demonstrate, have to be clearly stated at the beginning of the work. The way this works is by practice teachers allocating a small caseload (a number of families within a geographical patch or patients registered with a GP) to a student during the placement. Students base their work in practice on this caseload. The portfolios are then used formatively and summatively to develop both generic and specific skills, for example, health needs assessment, linking theory with practice, reflective practice, critical thinking, writing as learning, and knowledge development. The practice portfolio is described as a useful vehicle for creating professional craft knowledge.

A reflective review, or commentary, enables the student to review the portfolio's content, make a case for having achieved the criteria successfully and identifying her learning. It is this commentary, or case, which is assessed by the practice teacher as the primary work of the student, alongside the evidence that is presented to validate

any claims. This is logically organised and referenced within the commentary. A number of empirical studies (Twinn 1989; Cowley 1991; Jasper 1999 and Robotham 2001) demonstrate that the nursing profession has embraced reflection as a teaching and learning method. Writing up practice portfolios is used in an effort to enhance self-awareness, interpersonal understanding, critical analysis, cognitive learning and practice reasoning skills. The process of writing up the practice portfolio allows the student to reflect on her attitudes, feelings and expand the cognitive and affective dimensions of learning. In the sample of the 20 portfolios the practice teacher placed students into one of 3 broader categories of non-reflectors, reflectors and critical reflectors derived from Mezirow (1990, 1991). Non-reflectors showed no evidence of any of the reflective elements.

The theoretical dimension in the portfolio was, therefore, significant (see also – Wenzel et al., 1998; Taylor et al., 1999 and Endacott et al., 2004). Thus the formal link to theory is emphasised in all practice portfolios and the challenge for the student is in providing evidence of the individual's competence to practice and that her practice has the necessary theoretical underpinning. The assessment of narrative and qualitative written material is acknowledged as an inexact science. However, practice teachers provide both formative feedback and guidance for students. Students also learnt to respond to families by listening to stories about their health/illness, their families, communities and their cultures in order to assess their needs. Explicit descriptive criteria are used to judge each student's work and reading through the practice teacher's report/summaries at the end of each semester (in the student portfolio) gives a good indication of their progress.

3.2.3 Sample and sampling

a) Interviews

For the first phase of the study, the starting point for sampling participants involved identifying public health nursing education programmes that were well established in universities in England. The strategy, therefore, has been developed prior to entry

in the field, with defined inclusion and exclusion criteria. Seale (2004) emphasises that particular characteristics of an exploratory study are not known at the outset but are constructed in the course of the investigation. The nature of the research question and the depth and scope of the enquiry has necessitated the sample being purposive in composition and relatively small. The ideas about selection of participants are underdeveloped and begin to form during the course of the study. This particular feature distinguishes theoretical sampling techniques (Merkens 2004). Glaser and Strauss (1967) add that, through theoretical sampling, a researcher might extend and broaden the scope of an emerging theory.

I had discussions with several award leaders during national quarterly professional meetings and subsequently decided to approach one programme director at one university whose course used diverse practice placements for students in local authorities, voluntary agencies, private organisations and the NHS (covering large rural conurbations). These were very different from my own practice as an educator in an inner city area. In this location the majority of practice teachers are aligned to general practitioner (GP) surgeries. GPs work within the NHS as independent contractors funded by government. They are subject to their own internal traditional working practices and processes through which practice teachers and their students have to navigate.

Interest in the research topic appeared to provide much of the motivation for practice teachers to participate. I was invited to meetings at the university and, after an initial explanation in which it was necessary to "sell" the idea of the study to a large group of practice teachers, I attended two further meetings. During these meetings the group was asked if any of them would be prepared to talk about their work with students in the practice placement. Some people volunteered by approaching me after the meetings and providing me with their e-mail addresses. They seemed excited by the idea that they would be contributing to an important area of practice. In return, I offered to present the findings to the group once the thesis had gone through the assessment process. Offering such small inducement (Lofland and Lofland 1984) to gain the goodwill of participants seems reasonable

and does not appear to interfere with the research process. The idea I presented was that I was "an interested colleague" with whom they could safely discuss any aspects of their work.

Initially 15 GP aligned practice teachers supporting students on placement on the BSc/MSc degrees agreed to take part in the research. I sent them information sheets and consent forms via e-mail (see appendices 5 and 6). All participants returned the signed consent forms really quickly. They were spread over a large geographical area that included three counties. Five additional practice teachers who worked in community health centres returned their consent forms a month later and were included in the study.

b) Student practice portfolios

Practice portfolios were secondary data. They had been compiled for a different reason (course assessment). Due to time limit, it was not possible to talk to students about their portfolios. However, in terms of gauging students' primary source of learning, it seemed reasonable to use them, with the proviso that interpretation of these documents could viewed with caution. Practice portfolios of (BSc /MSc) students (from the interview site), on public health nursing programme in 2004/5 and in their final year, were made available to me by the programme director. As the work had already been graded and awards made, this exercise had no effect on the students concerned. However, it was difficult to match student practice portfolio with practice teacher interviewed. This was due to the shortness of time between ratification of the results and students picking up their portfolios. A purposive sample of 20 practice portfolios was used. I did this on the basis of the four levels of achievement – excellent(5), very good(5), good(5) and average(5). The work had been graded based on the level of reflection on decisions made in practice by students and the evidence considered in this process, and on:

Understanding of specialist knowledge and awareness of current issues in practice

Decision-making in complex and unpredictable situations

Acting autonomously in planning and implementing tasks demonstrating initiative and personal responsibility and independent learning

Developing new insights

Demonstrating reflective practice

Communicating clearly to others

Link to evidence and NMC competencies

Link to formal theory is emphasised and the practice portfolio reflects the idea of education as a process and as arising from an interaction between the teacher and the learner. The aim is to help the learner to seek knowledge and make it her own (and appropriate to their own context) by working with it actively.

c) Questionnaire

A second sample was constructed with the help of programme directors in English universities. The questionnaire and covering letter were sent to programme directors via e-mail asking them to forward attachments to practice teachers who supported students on their programmes. The respondents were experienced practitioners and teachers of practice with between 3 to 5 years' experience of facilitating students' learning in practice. The location of their work was equally divided between urban and rural settings whilst the majority of practice teachers were GP aligned (90%) and the rest (10%) worked in community health centres. Their qualifications ranged from post-graduate diploma in Education to MA in Education as well as professional qualifications in Nursing, Midwifery and Health Visiting. They all taught on undergraduate/post-graduate courses in Specialist Community Public Health Nursing (SCPHN).

Table 3.1 Response rate

Number sent	Number returned	Response rate
115	85	70%

3.3 Research process

3.3.1 Reliability and validity

There are threats to the validity of sequential designs in mixed methods research. I used three different samples for the three approaches, a small sample size for the qualitative aspect of the study, portfolios and a larger sample for the quantitative. One threat might be that the questionnaire instrument used may not be reliable. The answer to this threat was to use rigorous procedures for developing and validating the instrument. This took some considerable time to develop and was subsequently piloted. Another threat might be choosing weak qualitative findings to follow up on quantitatively. In this study major categories in interviews were used as the basis for quantitative follow-up strongly linked to the research questions. It is also important to address both quantitative and qualitative validity in terms of overall design and the potential threats to validity in data collection and analysis.

a) Rigour

In order to demonstrate rigour during the first phase of the study it was necessary to establish trustworthiness, a process described for evaluating qualitative research by Holloway and Wheeler (2002). The criteria devised by Lincoln and Guba (1985) of credibility, transferability, dependability and confirmability were used to establish the quality of the research process and findings. Therefore, in order for the data to be deemed an accurate representation of the participants' understanding of the area being investigated, credibility was ensured through prolonged engagement during the data collection and analysis process. Member checking (Lincoln and Guba 1985) was also used during which, as well as checking each transcript with participants, I

took the summaries of the findings, for example major themes, back to the participants in the study and asked them whether the findings were an accurate reflection of their experiences. However, discussion of findings with participants was not undertaken mainly because there is confusion over the purpose of doing so. A fundamental principle within naturalistic studies is that the researcher has a central position in the interpretation of data and development of theory. Participants are in a different position in that their role is to generate data.

The study has provided rich descriptions or what is sometimes called "thick description" both of the data and research process so that it is hoped that it is possible to transfer findings to similar situations or participants/respondents by the nature of the detail provided which might enable the process to be repeated. Confirmability demonstrates that the conclusions are real and recognisable from the participants' point of view and this process was carried out in this study. It may be described as reflexivity and as a monitoring process that examines reasoning, relationships with participants and the influence which preconceptions might have on the data (Holloway and Wheeler 2002).

I also reported disconfirming evidence that presents a perspective that is contrary to the one indicated by the established evidence. The report of disconfirming evidence in fact confirms the accuracy of the data analysis, because in real life we expect the evidence from themes to diverge and include more than just positive information. I also asked colleagues at work who were familiar with qualitative research as well as the content area of this specific research to review the database and qualitative results using their own criteria (Cresswell 1998). Questions given to colleagues to apply to the interpretation of the data were as follows:

i) Do the methods chosen to generate the data match the overall purpose of the study?

ii) Is there a logical sequence to the process used to carry out the interpretation of the data?

iii) Are alternative interpretations explored?

iv) Is the interpretation supported by the data?

b) Audit trail

Dependability is a way of establishing if the data are reliable. In this study it was achieved by providing a detailed audit trail. This presents readers of the research and others with a clear trail for them to make judgements about the objectivity and neutrality of the data collection process (Polit et al. 2001: 315). In this study care has been taken to set out a decision trail by use of explanations in the text supported where possible by diagrams and examples of data such as:

Raw data from interviews as part of the main study

Notes on personal notes on decision points

In the quantitative aspect of the research there were two contexts in which to assess validity and reliability. The first pertains to scores from past uses of an instrument and whether the scores are valid and reliable. The second relates to an assessment of the validity and reliability of data collected in the study currently being done. Thus, I looked for content validity (how you assess whether the questions are representative of possible items), criterion-related validity (whether the scores relate to some external standard) or construct validity (whether the scores are consistent or measure what they intend to measure). For the questionnaire and portfolios content and construct validity were used to check whether the questions fit the research questions.

c) Triangulation

Validity from the standpoint of the overall mixed method design where the researcher attempts to forge two diverse databases may be problematic

(Onwuegbuzie and Johnson 2004). In this study an overarching validity was achieved by drawing evidence from different datasets that provided better results than either dataset (qualitative or quantitative) alone. Cresswell (2004) has identified this as "triangulation validity". Triangulation uses two or more data collection methods and interprets data with the aim of converging on an accurate representation of reality. This study uses three methods of data collection: the use of interview data from participants, questionnaire data from respondents and the use of the content analysis on student portfolios were used to enhance believability.

3.4 Ethical considerations

This research adheres to professional codes of ethics of relevant academic associations, particularly the British Education Research Association (BERA) and the National Heath Service Ethics Committees. I completed an NHS Research Ethics approval form and subsequently appeared before a Local Research Ethics Committee (LREC) (15 members were present) so that I could elaborate on points about which they sought further clarification. I also completed an ethics approval form for the University Ethics Committee of the university concerned. Therefore, prior to researching in the field, the formulation of a code of ethics was considered at length and shared with committees and participants. This was done prior to their agreement to embark on the research.

a) Issue of consent

Participation was entirely voluntary for all based upon participants' formal consent. This process took some considerable time period (see appendices 3.4. 3.5, 3.6, 3.7 and 3.8). As a researcher who is an educator and practitioner, I reassured the participants that the interviews were neither a way of assessing them and their teaching nor evaluating their course. After two meetings with practice teachers I provided them with information sheets about the research. They were also given consent forms to be returned within a week. The second sample obtained through programme directors in English universities demonstrated their consent by returning

a completed questionnaire. The practice portfolios had a formality endowed upon them by virtue of them being part of university examining material and they were, therefore, already in the public domain. In addition to this, I obtained permission from the specific examination board.

b) Issue of confidentiality

All participants and respondents were given an assurance of anonymity and confidentiality. I therefore aimed to protect their identity, their places of work and any location linked to their work. Pseudonyms have been used when presenting excerpts from the data; names of people and places or other identifying features have been obscured. All ensuing dissemination and publication will follow this rule of anonymity. All data will be destroyed after the thesis has been completed and examined.

3.5 Data analysis

3.5.1 Analysing the interviews

The data was analysed by drawing on a useful framework suggested by Morse and Field (1996: 103) using a microscopic method of qualitative data analysis (see appendix 3.2). The method is based on techniques used in the grounded theory (Glaser and Strauss 1967). Therefore, the first and second phases of the study draw on analysis by a grounded theory approach encompassing both inductive and deductive inferences. The strategy provided an opportunity to develop meaningful insight and in-depth understanding of the research questions at a local site.

Based on the principles of the early work by Glaser and Strauss (1967), the approach provides a framework within which theory can be developed through constant comparative analysis. The goal is to develop theory that will explain practice in the placement area where lack of clarity and an apparent inability to articulate key issues seems commonplace. This can then be utilised as a substantive theory to inform the

practice knowledge base in public health nurse education. The approach is underpinned by symbolic interactionism and, essentially, is a theory about human behaviour that sees humans as both actively creating the social environment and being shaped by it. This means that a person's response to an event is determined by their understanding and interpretation of the meaning of that event and the ability to communicate this meaning. A literature review was very useful as it provided justification for the study particularly in the area where there is less emphasis on the development of the ability to articulate teaching and learning in practice in order to allow exploration of the richness and complexity of the type of public health nursing knowledge relied on. The grounded theory strategy was found to be helpful in uncovering embedded or implicit assumptions (Pidgeon and Henwood 2004).

Glaser allows the data to reveal the theory. This study draws on Glaserian (1978) description of grounded theory because it provides clear guidelines on how to analyse qualitative data and so is a rigorous method that provides a structure and direction for the researcher. I also used Morse and Field's (1996) approach as an organising framework which consists of a series of intellectual processes in which the analyst applies increasing levels of inference and theorising. Briefly the steps can be summarised as:

a) **Comprehending.** By using the research questions and research literature, the researcher collects sufficient data to begin the process of analysis. The researcher begins to make sense of the data and prepares it for analysis.

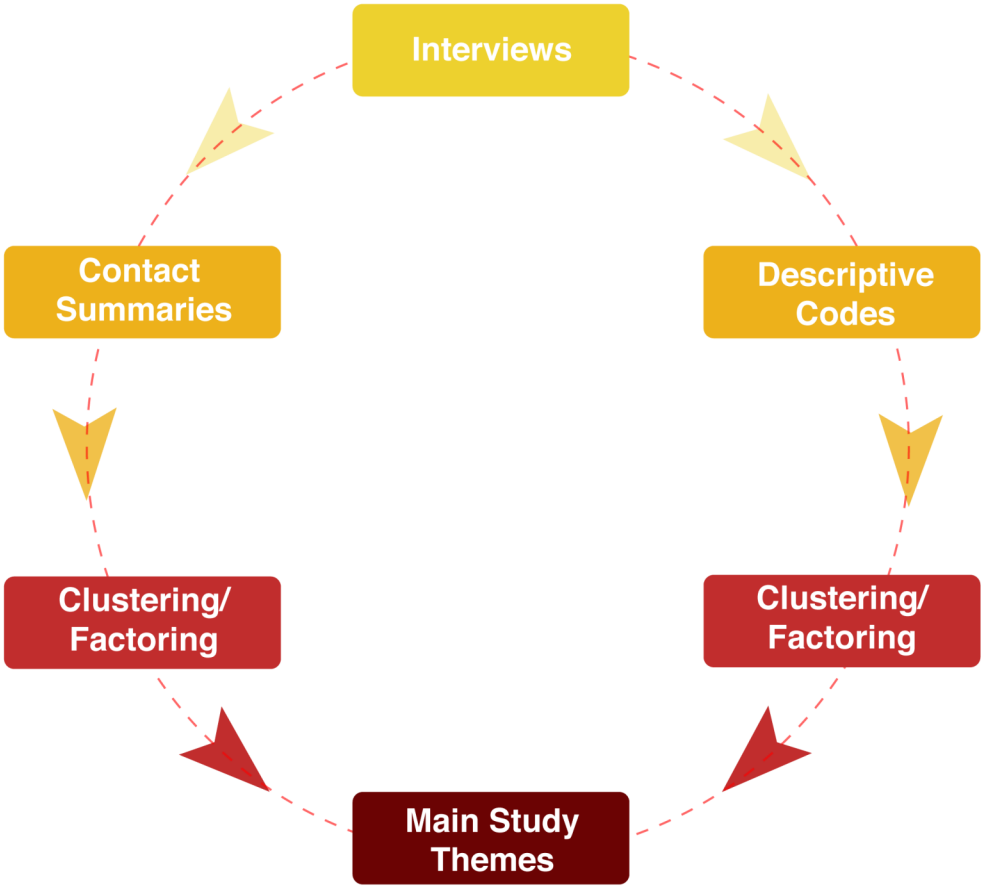
b) **Synthesising.** The researcher applies analytical operations in order to arrive at more sophisticated descriptions of what the data reveals. This can occur through a reorganisation of the structure of the original data by operations such as transcription and coding.

c) **Theorising.** The researcher begins a process of generating explanations of the data until a "best" fit is arrived at. Research literature can be drawn on to support this process.

d) **Re-contextualising.** This is linking theory to other findings so that so that it can be applied to other settings**.**

Although Morse and Field do not ascribe specific analytical operations for each stage I have included these in the discussion in greater detail. The large volume of data generated from the interviews created difficulties for the analysis. Problems such as these can be overcome by developing and assigning codes to the transcripts and reconfiguring the data into coding categories. The analysis then proceeds by searching for increasing levels of meaning from the data from which to build theory. The difficulty with this approach is that phenomenologists typically prefer to retain a sense of the whole picture of their data. I developed a strategy for the analysis whereby parallel processes could be employed to arrive at a set of themes from which to develop an interpretation. This is illustrated in figure 3.1

Figure 3.1 Parallel processes of the interview themes



3.5.2 The use of theoretical memos

As the list of codes built up, I used a separate record system (or "memo fund"). Unlike categories (which have to "fit" the data), the contents of memos are not constrained in any way and can include hunches and insight, comments on new interviews to be checked out later and explanations of modifications to categories (Pidgeon and Henwood 2004). Conducting memoing and open coding as parallel operations allowed sensitivity to existing literature and theory to be combined with a commitment to grounding in data. A specific form of memoing used in this study was a contact summary that I wrote following each interview with a participant. This consisted of details of the interview, time and location as well as reflection on emergent themes, surprises and even inconsistencies.

Contact summaries can contribute to the sensitisation to the data and thus inform the subsequent analytical process (Riley 1990: 53). In terms of Morse and Field's model of data analysis (see levels of inference and theorising pages 83 & 91) this assisted in moving the process from comprehending to the synthesising stage. I found the contact summaries useful in developing the codes that were used to organise the data as well as in the development of the themes that will be described in the next section. I also found them useful to refer back to following coding because they helped me retain a sense of the "whole".

Given that I conducted 20 interviews I chose an economical way of presenting the summaries, using no more than one side of A4 paper to record essential details such as the interview code, date and duration of the interview. The summary was used to record the main issues and discussion points arising from the interview including comments about what I found to be unexpected. I also decided to record three themes that I needed to take into account in the next interview. A full list of the themes and concepts identified from all the contact summaries is in appendix 3.9.

One of the reasons for selecting these contact summaries is that I believe they show issues of contrast as well as comparisons between participants. This is important because there is a temptation to seek out similarities in qualitative data and I needed to take into account differences as well as similarities in order to construct a credible story from the data. I included reflections of the interviews in the light of the research questions. Use of contact summaries was also valuable in being able to notice what was present in the data and what was absent as well as beginning the process of developing the theories about its meaning. However, there is a lack of precision in this process. A key requirement in the analysis of qualitative data is for the researcher to impose order on a large volume of material. This usually involves developing a categorisation scheme that will reliably identify and assign units of meaning to the data so that they can be readily identified and retrieved at a later date. A common method is to develop a set of codes which the researcher uses to attach to large segments of data (Burns and Grove 2001: 599). The list can be modified in the light of new data.

3.5.3 Coding the interview transcripts

Codes can be developed at different stages during the research study (see appendix 3.2). Miles and Huberman (1994: 58) advocate a provisional set of codes to be developed in advance of data collection. The list can subsequently be modified in the light of the data. The advantage of this is that the coding scheme remains close to the conceptual framework on which the study was based as well as having a connection to the actual words of the participants. In practical terms the researcher defines the codes and can apply them to the transcripts in a variety of ways.

In this study, I took the decision to initially develop a provisional set of descriptive categories or headings within which subsequent descriptive codes could be generated. Given the volume of data that would be produced I anticipated that the analysis might necessitate using several steps before credible interpretation would be arrived at. Descriptive codes contain little interpretation and, therefore, I believed this would be the most suitable for the initial categorisation of data. I based the categories on the key concepts arising from the research literature as well as key areas of interest arising out of my research questions. These categories were:
The role of the practice teacher in facilitating student learning

The knowledge and skills required in this role

Student learning in the practice placement

Successful events

Unsuccessful events

The codes were applied to the data by use of the constant comparison method (Glaser and Strauss 1967; Polit et al. 2001: 385). Briefly this means applying codes to the first transcript and comparing this list to the next and subsequent transcripts until no further codes can be generated. As I began the process of applying these

code headings to the interview transcripts it proved relatively easy to use the comments made by participants to generate codes and their definitions. On the other hand, the broad categories needed modifying to take into account the balance of issues described by participants. Data were clustered first of all by using the pre-determined categories (see section 3.5.3 above) and then data from the interviews, which appeared to be similar, and then a category label was applied to it (Miles and Huberman 1994: 249).

Despite the advantages of using codes to categorise and organise data, coding has disadvantages. Silverman (2000: 147) points out that coding could fragment the data and inhibit the discovery of themes and development of theory. Although this was a risk in this study, I thought that the disadvantages could be managed by making use of contact summaries and literature review which I felt prevented me from taking my eye off the emerging themes in the study. Also, on a conceptual level, this criticism implies that coding is a data reduction exercise. As Glaser and Strauss (1967) demonstrate, the process of coding is aimed at enabling connections to be made so that patterns and themes can be identified. A further risk outlined by Silverman (2000: 147) is that the coding scheme could form a metaphorical "grid", which the researcher cannot escape from. Again, by incorporating the contact summaries into the development of themes, this encouraged me to pay attention to issues beyond the coding scheme.

3.5.4 Identifying themes

Following the coding of transcripts the next stage in the data analysis is to identify themes. Themes are the recurring regularities and patterns in the data which are used to develop a theory about a particular phenomenon (Polit et al 2001: 472). Themes are abstract and difficult to identify and the gap between descriptive codes and themes can often appear too wide to bridge (Morse and Field 1996: 114). This is especially the case when there is a large volume of data as in the current study. A number of different tactics are available to researchers to help them identify patterns

and themes in the data. However, according to Morse and Field (1996), at the foundation of them all lies the need for familiarity.

One of the approaches I took to enhance my familiarity with the data was to transcribe the interviews myself. Based on an average of four hours transcription per interview, the transcription process took 80 hours. I also reflected closely on the interviews in order to produce contact summaries discussed earlier in the chapter. The identification of codes and their application to the data also necessitates close scrutiny of the data and the need to probe the data for meaning when deciding whether to allocate a code or not. I displayed the data in the form of a matrix (Ritchie and Spencer 1994: 173). Though there are variations in how such frameworks can be used (Lacey and Luff 2001: 9), a matrix was constructed for this study by setting the codes against individual participants. Firstly, relevant sections were cut from the transcript and pasted into a file for each code. An example, a section from one of the code files, is shown in appendix 3.10 (an example of matrix display used for analysis of one code). The sheer volume of pages made it impossible to set out all the data so that it could be seen at the same time and data for the first round of interview only is shown. It is difficult to judge whether this hindered the identification of patterns, though I estimated that my familiarity with the data may have compensated for any problems.

By now the analysis had revealed some themes and concepts arising out of the contact summaries. The matrix display of the data also made it possible to identify some patterns in the data, though the sheer volume of data made this more difficult than I imagined. One solution was to attempt to use factoring (Miles and Huberman 1994: 254) which is similar to coding in that words or phrases that represent units of meaning are assigned to appropriate sections of the data. It seemed practical in the current study to scrutinise the data within each code and assign a factor to the data in the form of a headline (see Appendix 3.11 - List of headline factors according to code). I could not find examples from other studies where factors had been assigned so I needed to decide upon a particular style. Eventually I decided to capture the

meaning of the data within each code in the form of a headline. In the media headlines are a disciplined way of conveying meaning as concisely as possible.

The next stage in the analysis was to put together the clusters developed from the interview themes with headline factors described above in order to decide upon the integration in which the contents of the two lists were used to clarify and amplify the meaning in each one (see appendix 3.2). The means of achieving this was not a mechanical process but occurred through familiarity with the content. The process of reflecting on the factors and clusters of interview themes assisted in developing an interpretation of the data and informing the discussion of findings in the next chapter. The final list of interview themes is:

How practice teachers teach students on placement

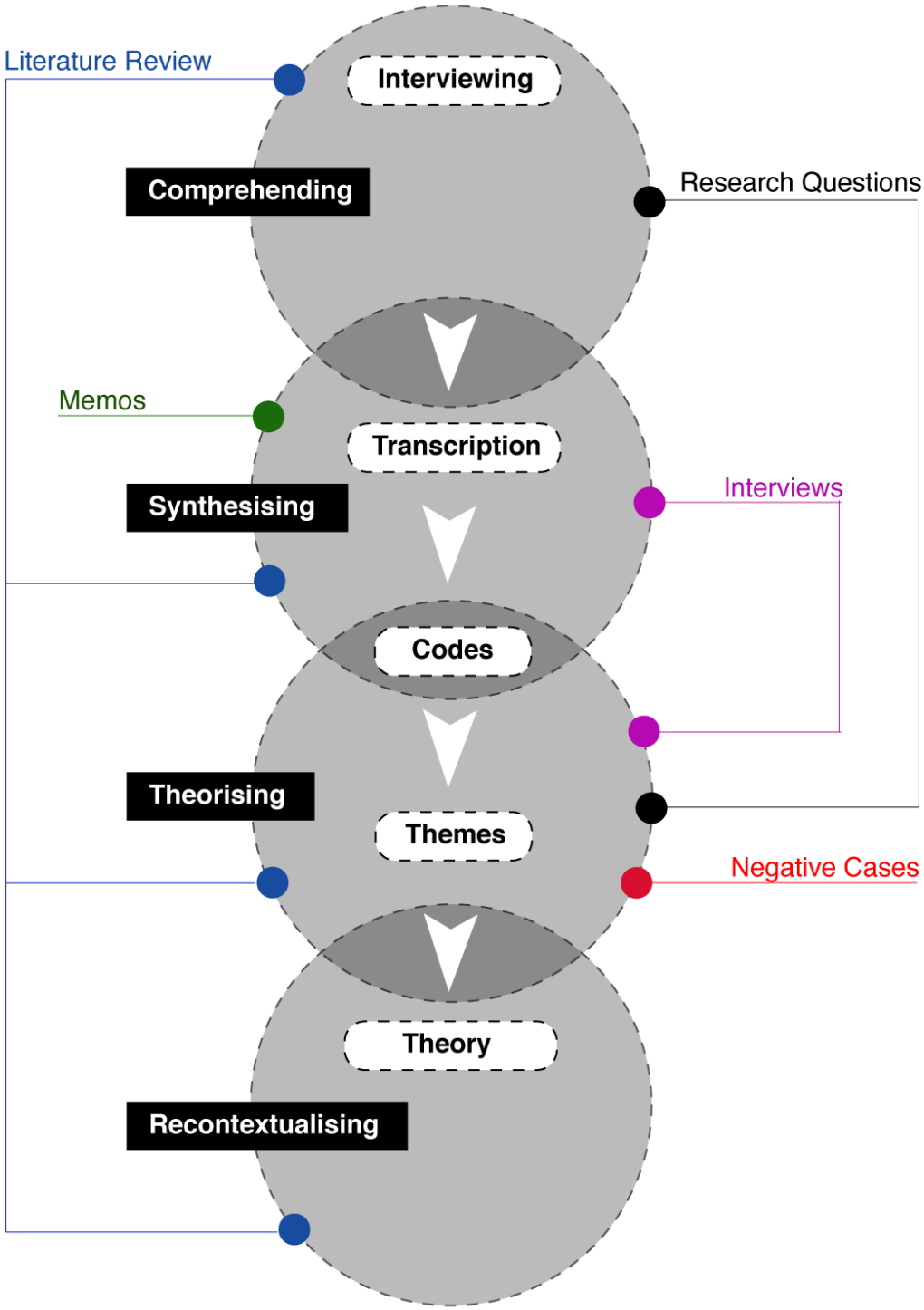
Knowledge practice teachers draw on

How they perceive the knowledge they draw on

Pedagogic practices they deploy

This section has set out a model used in the analysis of the data and the processes undertaken leading to the development of themes from the interview data. Through the use of descriptive codes, memoing and factors it has been possible to identify four themes. Looking back on the interviews I came away with the impression, from practically every interview, that participants were enthusiastic about their role as educators despite the uncertain policy changes which appeared to undermine their role. Most thought the success of their facilitation of learning in practice came from the breath of their knowledge, experience in supporting students and good links between HEIs and PCTs. A model of analysis (described in section 3.5.1 page 82) is summarised in the figure 3.2 overleaf.

Figure 3.2 A model of analysis



3.6 Analysing the questionnaires

The quantitative strategy was appropriate for descriptive aspects of the study at a wider national level. The questionnaire addressed the following issues:

Practice teachers' sources of knowledge in their own practice

Sources of knowledge used when facilitating students' learning in the practice placement

Ways in which practice teachers facilitated students' learning from clients' lived experience

The analysis of the questionnaire involved a descriptive mapping of the kinds of knowledge practice teachers draw on whilst facilitating learning. As the questionnaire was short I used manual methods (as opposed to using SPSS) to analyse the data. One approach is to have a sense of the way in which a variable is distributed, for example whether the "one-to-one" learning strategy tends to recur again and again in a distribution. The most common way to display the pattern of observations for a given variable is to produce a frequency distribution which displays values of the observations relative to the number of times each specific value is observed. This was done in the questionnaire by addressing the main issues identified above relative to the number of practice teachers. The goal was to capture the amount of variation in a sample and to explain why that variation exists as it does and/or how it was produced. The questionnaire was, therefore, concerned with issues to do with numbers and proportions of practice teachers holding certain views or engaging in different types of behaviour and patterns emerging from this. An important aspect of the questionnaire data analysis was to relate the issues that drive and emerge from it to the research literature and interview themes.

As stated previously, the intention of the questionnaire was to investigate "known problems" identified in interviews. The overall aim has been to broaden the scope of

the information and provide validation data using national education settings. Information sought is outlined in appendix 3.12. This information represents examples of ways of knowing in practice.

3.7 Analysing practice teachers' summative comments

This data collection method was seeking to gauge the explicit descriptive criteria used by practice teachers to judge each student's work in the learning and teaching situation. The analysis relates to the following research questions:

- What knowledge practice teachers draw on
- The pedagogic practices they deploy

Content analysis of the practice teachers' summative comments in the student portfolio was used. However, this is analysis from a secondary source, which had been obtained for assessment of students' work. Interpretation of the data is, therefore, tentative and requires further investigation. Within these comments I, therefore, examined what knowledge the practice teacher drew on to facilitate student learning and what learning and teaching strategies she adopted.

In facilitating learning of public health nursing knowledge in practice the practice teacher's comments reveal how each student was enabled to use and to develop practice knowledge on placement and how this knowledge was linked to established theory and professional competencies. The knowledge the practice teacher uses originates in the SCPHN curriculum but personal, practical, cultural and uncodified knowledge play an important role.

The one-to-one teaching strategy

This strategy is revealed in the comments on the students' work in the portfolio and shows how the practice teacher adapts her teaching to different styles of learning. The practice teacher's comments were on:

Whether achievement of learning outcomes had been demonstrated

How these learning outcomes had been achieved

The evidence to support the claims made – primary, secondary and other.

These were grouped together according to how successful the teacher thought the student was in achieving the above elements. Thus, a coding approach, as recommended by Miles and Huberman (1994) and Polit et al. (2001), was used with the twenty portfolios separating the textual material using the above practice teachers' comments.

b) Analysis within the reflective summary was also examined for evidence of the utilisation of one or more of the elements of reflection as a teaching and learning strategy as shown in Table 3.2 below.

Table 3.2 List of elements of the reflective process derived from Boud et al. (1985)

Elements of reflective process	Criteria	Remarks
Attending to feelings.	Using positive feelings. Removing obstructive feelings.	About the experience. Remove impediments related to experience.
Association.	Linking of prior knowledge, feelings or attitudes with new knowledge.	Relating to the old and the new. Making way for the new.
Integration.	Seeking the nature of the relationships of prior knowledge, feelings or attitudes with new knowledge. Arriving at insights.	Relating to the old and the new. Synthesis emerging. Originality.
Validation.	Testing for internal consistency between new appreciations and prior knowledge and beliefs.	
Appropriation.	New knowledge, feelings or attitude entering into own sense of identity, feelings or attitudes becoming a significant force in own life.	

The outcome of reflection, using the above processes, was deemed to be evident in the transformation of perspectives, change in behaviour, readiness for application and commitment to action.

3.8 Critical reflections

The research questions were formulated in the realisation that my findings would express only a partial or simplified version of the full complexity of that seeming reality (Wengraf, 2001). The questions have been investigated through a literature review, active interviewer-interviewee collaboration (Holstein and Gubrium, 1995), practice teachers' summative comments, and a questionnaire. The purpose of this

dialogic process fundamentally recognises participants and respondents as active in meaning making (Wengraf, 2001) and captures the perceptions of a selected group of practice teachers.

In many respects this study may be regarded as constituting "insider" research (Griffiths, 1998: 125). This emanates from my experience during the course of the enquiry as a programme director of a course similar to the courses within which the participants and respondents were employed as practice teachers. This has had a profound affect on the formulation of this research, in effecting the enquiry and in analysing data. Hence, from the outset it has been important to recognise researcher reflexivity regarding my position, interests, understanding and values (Lincoln and Guba, 1985; Griffiths, 1998). The experience has, nevertheless, helped to provide me with opportunities to locate and gain access to appropriate research sites necessary to carry out this enquiry. In an earlier EdD enquiry (Naik, 2004), research questions were pursued through recognising the need for representing and employing a range of authentic practitioner voice/s. This study sought amplification of the concept of authenticity by maximising, through interview and discussion, the process of learning on degree programmes, from students, practice teachers and managers of the service. This aimed to produce a representation of their situated understanding of agency while seeking to link experience to a broader theoretical and conceptual framework.

A key issue for me to reflect upon is whether my position as an educator and practitioner had any impact on the participants. An advantage is that I felt able to get to the crux of issues during the interviews and I found I was able to make fine judgements over the significance of a remark. I also believe it helped participants to talk because they felt they were getting the attention of a sympathetic ear. A disadvantage was that I was aware that on occasions during the interviews I seemed to be too hasty in wanting to move to another subject. I reflected that, because of my familiarity with the context in which practice teachers and students worked, I was anticipating points that participants were going to make. Similarly, as an insider researcher, when writing things down I tended to make a lot of assumptions and,

therefore, on occasions failed to offer detailed enough explanations or background information.

3.8.1 Grounded theory re-visited

Pidgeon and Henwood (2004) indicate that a grounded theory should show some movement from the starting point. Although I set boundaries prior to entering the field, the area under investigation presented some difficulties in terms of identifying precisely a clear summary of the research question to begin with; a change in scope became apparent as the analysis proceeded. In the end searching for an explanation of the views of practice teachers revealed a vast, unpredicted amount of information about education, public health, and about the health service as an employing organisation, whilst remaining true to the original intent of the study. Each of the main themes offers a clear link to formal theory and seemed able to generalise beyond practice teaching in the Specialist Practice degree.

An attempt has been made to convey the density and richness of the conceptual framework without losing sight of the tentative nature of theory. The degree of abstraction of the theory meant that various developments that had occurred within education and public health nursing since the data was collected could be incorporated readily (eg change of professional name (NMC 2004) and consequently competencies). This testifies to the fit, scope and generalisability of the theory. The value or worth of the theory can only be assessed in time when it can be seen whether practice teachers use it to inform or explain their practice.

3.8.2 Strengths and limitations of the research

It would be highly unusual to conduct a study of this complexity and over a long period of time without becoming aware of strength and limitations of the research process. The literature review chapter includes research studies in health visiting education, work-based learning and sociology of education. I believe this strategy

was successful in revealing gaps in the research literature that was ultimately successful in contributing to the formulation of the research questions.

a) methodology

A disadvantage of choosing a mixed strategy was a practical one. Firstly, I needed to consult a greater range of literature to reassure myself that I was working within the various traditions.

b) sample

The use of a purposive sample with interviews was justified and useful in this study because it enabled me to seek out informants who, I believe, displayed high levels of reflection and critical thinking in responding to my questions. Having said this, purposive sampling is only advantageous if safeguards are built into the study to control for bias. For example, clear inclusion criteria were set in relation to geographical area of practice, length of time in practice and whether supporting a student during the current academic year. However, with the questionnaire sample, it became extremely difficult to identify practice teachers by role on national professional registers so that I could contact them directly. Consequently I contacted them through third parties (programme directors), a process which was not entirely satisfactory but the only option available.

There are some practical aspects of the research process that I would do differently if I were to do it again.

Data collection methods

a) interviews

Given the close relationship between data collection and analysis I would allow longer periods between interviews, possibly two to three weeks, especially as I did

my own transcribing. This allows ample time for each interview to inform, develop and focus the subsequent interviews. It would have been really interesting to interview the students to discover their views of the knowledge in practice.

b) questionnaire

I needed to allow more time for the formulation of the questionnaire. Identification of each institution to send questionnaires to would have helped in the isolation of each site's analysis of the results. The overriding factor for me was anonymity for respondents and gaining a greater response rate.

c) practice teachers' summative comments

Access to these documents was very helpful. If I had more time with portfolios, it would have been interesting to look at student development over time and the learning involved in terms of identifying the knowledge in practice. This secondary data was not entirely satisfactory.

3.9 Summary

This chapter has provided a description of the approach used in the study and justification for the methods used. I have argued that in order to generate theory that is relevant, practical as well as analytic the use of mixed methods data collection offers fresh insights into and interpretations of practice knowledge in public health nurse education. The theoretical reasoning which informed certain directions and choices has been explained, so that the reader could follow the "decision trail", and evaluate the study according to the criteria of auditability, fittingness and confirmability. I have argued that data analysis of the three methods assist in unravelling the complexities of learning in practice by articulating processes, possibilities and features of professional theorising. The chapter has also identified the major interview themes which informed the questionnaire and practice portfolios. A matrix has been developed with qualitative themes and quantitative

categorical data. I have also described the central role played by the researcher as research "instrument" and the creativity and sensitivity to the data which allowed the researcher to discover meaning often amongst large amounts of apparently disconnected comments and observations.

The focus has been on student learning in the placement area. Attention has been given to offering enough information for assessing the empirical grounding of the research and the adequacy of the research process which Glaser and Strauss (1967) name as equally important in evaluating the study. The remaining criteria –the findings, will be recorded next.

CHAPTER 4

4 Findings

4.1 Introduction

This chapter will report findings from the different methods of data collection and these will be linked to the research questions. Triangulation between the three data collection methods will then be attempted.

a) Interviews

Maximum use will be made of the words of participants. At the end of each quotation a reference will be given to the line number from the transcript where the quotation commenced.

4.2 How do practice teachers teach public health nursing to students in the placement area?

4.2.1 What knowledge do they draw on?

The data illustrate the way participants use a variety of sources of knowledge in order to facilitate learning.

A key skill which all practice teachers identified as central to their role, and therefore important to communicate to the student is, the ability to assess the health needs of families and communities. One practice teacher comments:

PT6 (124)

> You have to have all that you know at your fingertips to work out each family's health needs. You need to support them by dipping in and out this

> reservoir of knowledge, the theory you have accumulated, and practice experience. Sometimes guidelines help but often you rely on what you have stored over the years… you know their culture, the neighbourhood. I have known some families for a number of years, responding to them from when the babies were born up to when the children started school.

The above comment highlights the degree of differentiation of knowledge required. The knowledge could be part-propositional; part-process knowledge; part-uncodified cultural knowledge; and part-personal knowledge. These knowledge types have been reported by Appleton and Cowley (2008) in their study on knowledge use during family heath needs assessment. Experienced practice teachers develop strategies of combining these forms of knowledge at any given time, depending on their reading of the situation. This is not only influenced by either, using tools to assess risk or, clinical practice guidelines but professional judgement, a position also reported by Appleton and Cowley in 2003. The "boundary crossing" is not just between "bodies of knowledge" but what Bernstein (1999) cited in his study as discourses, (boundaries between languages, people and identities). For example, in the quote below, how does immunology for Specialist Practice differ from that of Immunologists? The practice teacher's expertise necessarily involves recontextualising and reclassifying the knowledge.

PT 6 (112)

> Recalling from memory the appropriate knowledge for the benefit of the client often occurs when the agenda you had planned suddenly changes when you arrive at a client's house. For example, if mum's diabetes flares up that day, you quickly recall your knowledge on diabetes – that is immediate. You also think about what practical support she needs…

In this example, the practice teacher uses stored knowledge (formal knowledge, information from clients, intuitive knowing, and information from local policy and

protocols) and regard it as tacit. This tacit knowledge becomes operational, the more experienced the practice teacher is the quicker the recall.

PT18 (182)

> Mum gets worried about controlling her blood sugar this affects how well she manages the baby – it is about responding to her priorities, right now she is also worried about her housing situation, this makes her diabetes worse.

The different types of knowledge have blended together in the form of personal knowledge. A soft boundary assumption whereby any distinctions between forms of knowledge that might exist are taken to be readily surmountable seems to be at play here. Bernstein (1999) in his study also warns us that the difficulties of "boundary crossing" for pedagogic recontextualisation should not be underestimated. However, the data show that some practice teachers state an implicit position which says workplace and subject knowledge are different and the former is of equal if not of greater value than the latter.

PT20 (105)

> Students have been learning about Genetics this term. First of all, I have to find out how far they have got with this and try and reinforce it – this can be tough because I am a bit rusty. Then I need to work out how this fits in with the client we are visiting whose child has lupus. You get a feel of what is a priority for the client. This is more important.

Basil Bernstein (1996) in his study reinforces this position by distinguishing between horizontal and vertical discourse. All forms of vertical discourse (eg Genetics) have knowledge structures which are hierarchical. The content the student needs to learn may be represented by building blocks. In the vertical discourse subject sequencing is therefore important. If learners encounter content of a level of abstraction above that which they have already mastered, it becomes difficult to understand because it

is unrecognisable. Sequence of content becomes increasingly less critical as the subjects approach horizontality. Content in this case, is a collection of topic segments (intuition, empathy, support) that can be traversed in virtually any order.

PT7 (120)

> I use several scripts on a visit. If the agenda is child surveillance then I use a child developmental approach, if there are issues about nutrition, I use an education approach or if mum is a bit unsure of herself, I might use a supportive approach. It takes some getting used to clients. Experience helps you to remember the important bits, how you work out which bit to use might depend on a number of triggers/clues/cues.

PT4 (116)

> We visited a mum with her first baby. A professional woman who managed a big organisation at work but could not adjust to being mum. Support was the main approach, you look at what she needs and what baby needs and use your knowledge in these areas.

The data show that using formal knowledge in practice is seen as complex and requires sophisticated skills of recognition of relevance, synthesis of formal and informal knowledge and integration into evolving frameworks of professional knowledge.

PT20 (144)

> The Specialist Programme has been revamped this year. I am not up to date with the applied disciplines – the course documents do not give much away. Do students need all this stuff?

There are particular problems in areas such as the Specialist Practice education programme into which several disciplines feed. This strictly limits the time that can be devoted to each discipline, and therefore creates difficulties. Disciplines are difficult to "dip into" or acquire piecemeal, without some previous foundation study. The question then becomes, how much (or how little) disciplinary knowledge is enough? What are to be the assumptions that guide the selection. The boundary-crossing process can be likened to constructing a bridge between two unstable land masses.

To be an effective practice teacher the data also described using knowledge that is more difficult to define. Practice teachers referred to the need to use their intuition. This example could be categorised as personal knowledge, an appreciation of a situation that is derived from experience and sensitivity to the individual or family concerned.

PT15 (130)

> I could hear myself asking all these questions and for some reason, I just said to myself stop…stop and just listen to what they're saying and I did…and I think I got more information about what they needed from me.

PT2 (122)

> Sometimes you need to do a full assessment and sometimes you just know.

PT 10 (148)

> You almost get a "sixth sense" when you go into homes, you pick up so much that you would not pick up in a clinic situation or even a group situation …

Studies such as Eraut (1994), Barnett (2006) and Appleton and Cowley (2008) also identify the role of intuition and the tacit dimension in professional knowledge.

Practice teachers recontextualise their formalised knowledge, in order to deal with the messiness of the situation at hand. They rely upon informal or tacit understandings as experienced practitioners. In these circumstances participants call upon knowledge generated from practice to solve everyday problems. Such knowledge is hard to articulate, perhaps because it is situation specific and represents an adaptation of formal knowledge.

PT 14 (187)

> It is better to go on the tried and tested route which works, so baby needs a routine, a bit of calm after feeds and this helps with sleeping in the evening. But students often try and respond to one thing at a time instead of looking at the whole picture

This is not to imply that formalised or decontextualised knowledge gained from lecturers and text books is irrelevant, but that students may lack awareness of its relevance and as a result engage in parallel processes of knowledge acquisition. This involves an approach where, in complex situations, the novice's ability to problem solve depends on using knowledge directed at a single issue at a time rather than a holistic approach which leads to knowledge about the root cause of clients' difficulties which results in a more comprehensive approach.

PT 9 (109)

> We do combined visits at the beginning of the placement or at any other time if we need to collaborate on any strategy used to help the client and we identify together the knowledge required to do this.

The data also show that in order to reclassify/cross boundaries of the Specialist Practice disciplinary forms of knowledge (vertical discourse) within students' placement experience - they are attached to an experienced practice teacher for

much of their learning. Lave and Wenger (1991) report this in their study as sponsoring students into unfamiliar environments.

a) Questionnaire

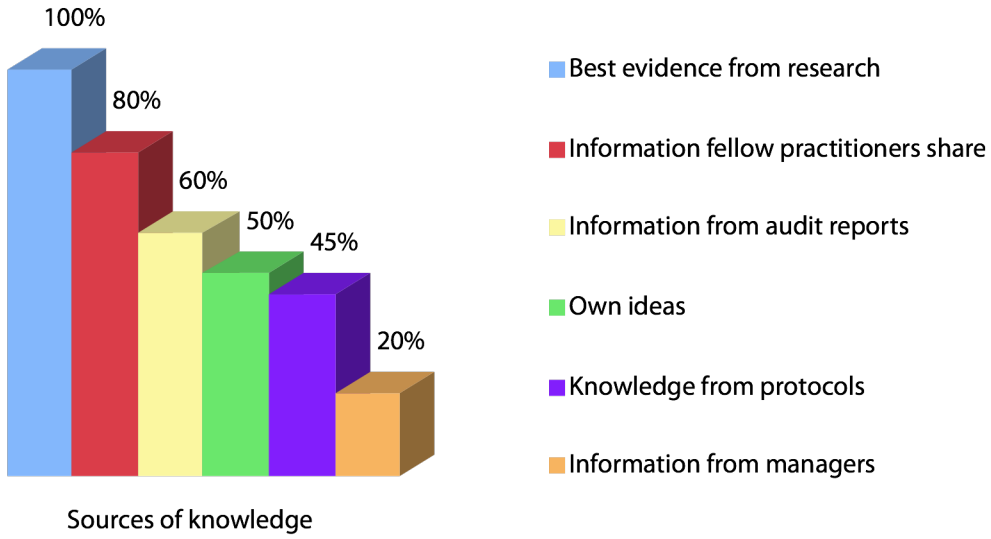
Analysis of the kind of knowledge respondents used in their practice and expertise required shows that factual/professional knowledge and conduct, procedural and experiential knowledge were the most common. This position has been confirmed in the interviews above.

Table 4.1 Sources of knowledge practice teachers use in their own work

Source (Total number = 85)	Frequencies
Factual	85
Procedural	85
Professional knowledge and conduct	85
Experiential	80
Evidence based knowledge	50
Insight/imagination	50
Practice generated knowledge	50
Ethical knowledge	20
Self-knowledge	20

From the figure overleaf (4.2), all respondents use best knowledge from research evidence when facilitating learning for students in practice. This is followed by the use of information fellow practitioners share (see figure 4.2 below). In the additional comments respondents used information fellow practitioners shared (80%) in monthly professional meetings. This position was not so obvious in the interviews These meetings were well regarded and provided supportive environments for creativity in practice. Furthermore, knowledge from protocols often originated from these professional meetings although some aspects might have had a bureaucratic origin. Practice teachers' own ideas were described in the additional comments as a measure of how much experience practitioners had in facilitating students' learning.

Figure 4.2 Sources of knowledge practice teachers use when facilitating learning



The information from managers (20%) is the least popular. Additional comments indicate that targeting particular areas of practice as required by government and interpreted by managers caused a lot of tensions for practitioners, especially in the area of monitoring children's development. The visiting protocols devised by managers prescribed the required number of visits to each family in order to assess child development. Practitioners identified large gaps between one assessment and the next which impacted negatively on how well child protection could be monitored.

b) Practice teachers' summative comments

The knowledge required by the practice teacher as role model is indirectly demonstrated in the use of the practice portfolio in terms of the student's role taking (competencies). The ensuing discussion is, therefore, a proxy account. Tutors invite practice teachers to the University before commencement of the course and at least, once each term to explain and collaborate on the course documents and strategies. Tutors also visit students on placement each term. The comments reveal that using the practice portfolio the practice teacher monitors the novice public health nurse

student's progress throughout the education programme. In this context, the data show that there is a refinement of preconceived notions through encounters with many actual practical situations and the adding of nuances and shades of differences to theory. This is demonstrated in practice teachers comments referred to earlier regarding how each student used and developed knowledge on placement and how this knowledge was linked to established theory and to professional competencies. This is an example of recontextualised knowledge identified by Bernstein (1999) in his study and later developed by Barnett (2006). In the practice teachers' comments the data show that theory frames the issues and guides the practitioner in where to look and what to ask. Formal knowledge (for example, child growth and development, biology and physiology) provides parameters within which play and stimulation might be considered, say. Four practice teachers' summative commentaries in the portfolios show the following:

Portfolio 1

> Clearly laid out document with most of the learning outcomes achieved. Student demonstrates very noticeable movement within the Steineker and Bell's model, which allows some flexibility of where the student is, in terms of past experience. Plans worked for each term together include knowledge and skills to be acquired/achieved and have been clearly defined.

Portfolio 3

> The portfolio has allowed a learning contract to be drawn up between the student and I. We have identified her strengths and areas needing development, and have planned short term and long-term goals. The competencies to be achieved in this semester have been identified and strategies to achieve them discussed. Learning opportunities outside the practice have been organised. The student is gradually developing a good knowledge base and working out appropriateness of each type of knowledge

Portfolio 6

> The most difficult aspect for the student has been putting the evidence together to justify professional action. It has taken a while for the penny to drop. However, the student has been keen to try some innovative approaches with clients but is discouraged because there isn't the evidence or knowledge to support what she is trying to do. The client feedback has been used as evidence.

Portfolio 7

> Multiple approaches have been used to demonstrate effective interaction, using the social model as well as the bio-medical model. The prescribing section of portfolio requires diagnosis and prescription. The knowledge required for this activity is more straightforward. The student has made "dummy" prescriptions under supervision.

The above practice teacher comments demonstrate student movement in mastering knowledge and issues in practice guided by the practice teacher. Practice teachers' comments also show that the presentation of the work, and its organisation, is critical in enabling the practice teacher to determine whether module or learning outcomes have been met in the portfolio. The practice teacher ensures that the portfolio contains a commentary in which the student reviews the portfolio's content, makes a case for having achieved the criteria successfully and identifies their learning. Integration of theory with practice using the portfolio follows a soft boundary approach discussed by Boud and Solomon (2001) in their study and can be described as including an adaptation of formalised knowledge. Inferences to this secondary data was a bit difficult and is not an exact science mainly because the information has been extracted to fit the research question.

To summarise this section:

The framework emerging from this section reiterates the practice teacher's use of complex professional knowledge whilst facilitating student learning on placement. Professional competencies (see appendix 1) and module learning outcomes are used as centre-piece and, therefore, provide guidance to the practice learning encounter. "Boundary crossing" between knowledge categories is a major activity in the recontextualisation and selective reclassification process. The interview data is more comprehensive and shows use of knowledge types which can be described as part-propositional, part-process, part-cultural, part-personal and part-uncodified.

Data from questionnaires show factual, procedural and best evidence from research as the most common type of knowledge used, followed by knowledge from fellow practitioners, practice generated knowledge, knowledge from audit reports and protocols. There is an emphasis on propositional knowledge in the English university settings. However, practice generated knowledge is regarded as context specific and tends to be person-bound. This mirrors findings in the interview data.

Interpretation from summative comments from practice teachers in student portfolios is not entirely straightforward as noted before. One argument could be that practice teachers are identifying what they consider to be relevant knowledge to draw from the comments they make about the student's work. The comments emphasise role taking as a result of developing practice knowledge using disciplinary knowledge Thereby emphasising propositional knowledge, practice knowledge and professional competencies.

4.3 How dopractice teachers perceive the knowledge they require?

This was an interesting aspect which showed that practice teachers were determined to be viewed as competent, flexible professionals who were effective team members and managed student learning efficiently. The understanding of the knowledge and skills which they perceive as key to their role is elaborated on. Knowledge acquired in

formal educational settings was easily brought to mind, articulated and discussed. Tacit, personal knowledge and the skills essential for work performance tended to be taken for granted and quite often omitted from accounts. However, professional competencies framed the responses.

a) Interviews

The practice teachers' views ranged from embracing most elements of the curriculum in terms of knowledge required to criticisms of some aspects of which erode their public health role.

PT6 (291)

> Child abuse has become prominent due partly to press reports. Child protection knowledge is increasing and helps towards being a competent professional within child protection teams.

PT2 (35)

> Areas such as child growth and development, biology and physiology, nutrition… are specific and straight forward. They are important in order to do your job effectively. The problem is updating it all.

PT6 (160)

> Needs assessment is key in this job. You need to have all the knowledge there is and understand it… everything else follows this. You need more best knowledge from research. Sadly this is not always available.

PT3 (120)

> I cannot really remember what I learnt on the CPT course all those years ago. They still expect me to have a student every year. The course is too short. We have just devised a primary care house where students practice using different types of knowledge to engage with 'dummy' families who are usually colleagues. Last week the topic was prescribing.

The above data highlights a combination of wide ranging propositional knowledge, practice knowledge, personal knowledge, cultural knowledge and procedural knowledge.

PT 18 (340)

> You have all the accumulated theoretical and practical knowledge built over the years. The clients' needs are different each time you see them, their circumstances may change. Social policy changes. You somehow have got to recognise all this in working out a response to fit the occasion. You could miss the point altogether – you really need updating.

The data show that a good coverage of the many disciplines which feed into the Specialist Practitioner qualification are seen as important but at what depth is the important question. Barnett's (2006) study has posed the same question. The data suggests that continuous professional development is required in order to support graduate students on placement so that they can acquire the appropriate knowledge skills and attitude.

PT12 (420)

> What you need is training in theory building in practice and how you can use this to assess health needs of families. It feels like common sense but it isn't really. You cannot work it out in isolation and then magically join up with

> other practice teachers doing the same thing. I suppose it is about working out some system, which combines everything you know but the system must not be too rigid.

PT11 (390)

> You have got to think about what you do and why you do it. The course does not prepare the students adequately so that they work out rapidly what knowledge is required for parenting, relationship building and support even… Sometimes I feel just one step ahead of the student.

The data show repeatedly that the updating of the knowledge required is important so were professional competencies that needed to be achieved. Often the most important workplace tasks and problems require an integrated use of several different kinds of knowledge. This is a tacit process. Robotham (2001) and Godin (1997) report a similar finding in relation to assessment of practice at graduate and post graduate level. The data also show that in order to bring knowledge to the surface when facilitating learning practice teachers view the processes of critical appreciation of practice as a way of harnessing this. Critical appreciation is arguably one of the best forms of accountability:

PT 6 (321)

> I try to gauge the quality of what I am doing in practice with the student taking into account the context, the traditions and the conventions within health visiting practice but also looking at practice in a new way but it is really hard to keep it up. We still have our principles in health visiting. Why they call it something else I have never been able to understand. The knowledge base is continually expanding. We now have to have knowledge on regeneration. You have to have this knowledge to meet your clients' needs

PT1 (102)

> The public health nursing role has got wider and wider. In the GP practice we concentrate on the under 5s. I would like to develop that area… have expertise in this instead of running around trying to do everything.

The data show the widening meaning of public health work and the conflicts this poses for practitioners. Specialisation has been suggested by some participants so that they can maximise knowledge and be properly skilled. On the other hand data show that that participant roles have been restricted:

PT6 (122)

> I spent quite a lot of time chasing immunisation. I also think the time spent on prescribing could be better spent on major concerns the families have, for example parenting, support they require in the community…

PT10 (250)

> These days you don't even have to be CPT to do this job. I think this is a misjudgement. I wonder what sort of professional the government and NMC want… a cheap one that's for sure. Patients are being discharged early from the hospital. You need some knowledge of acute and chronic medical conditions so that you can support families

Other data show the importance of bringing knowledge to the surface.

PT 2 (496)

The detail of what I do with the student is not written down anywhere. To think of what this is, is hard…instinct I think combined with accumulated wisdom. It would

be interesting to find out what other people do…trouble is I have not read it anywhere. This knowledge which is not easily accessible due to time constraints

PT 8 (345)

> A really important aspect is to bring the personal professional knowledge embedded in my practice to the surface and to consider it critically in the light of the context.

The above quotes above show how difficult it is to articulate integration of knowledge types. Critical appraisal of practice and use of the art lens is suggested as a way of theorising practice teachers' work with students so that it becomes a source of knowledge about practice. The practice teacher's creative process starts by selecting her own resources. The data reveal that some practice teachers make a regular habit of visiting arts venues, reading reviews in the arts sections of newspapers and watching out for documentary programmes about art.

PT8 (120)

> Two years ago I started taking each intake to a gallery and then as a group we would read the reviews in the newspaper. Students say this helps them to think about tacit knowledge The curriculum does not specify this approach…I think it is good… often there is not enough time to do this.

PT6 1(22)

> I took a small group of health visitor students to a museum a few times. That generated a lot of discussion and students valued this – they felt that it helped their understanding of emotions… because the curriculum is crowded this is always a juggling act… there are assessments to think of.

The data show that in order to enable learning and teaching to begin to cross the bridge into the world of creativity, to start thinking in an open and imaginative way so that students can recognise or tap into the tacit knowledge. These approaches are not spelt out in the SCPHN curriculum and there is certainly no time allowed for this to happen in any meaningful way. Therefore, the data is suggesting the arts as a broad canvas for learning and creating knowledge. What emerges is a strong sense that the artistic nature needs to be explored and more clearly articulated.

PT 11 (402)

> I always have debriefing sessions with the student, about two or three times a week. We dramatise the visit to a client's home as a way of reflecting. So, I ask the student to give her experience in a dramatic form. That process is more like a journey in which we discover bit by bit more about the nature of that experience and our relationship to it. We entered a house once to a Nepalese family. There was one chair in the middle of the room. The husband sat on it, whilst the wife and children sat on the floor. I was offered this chair on entering the house, and the student sat on the floor with the wife and children and the husband. Back at the office, we enacted this scene and its implications on their stories.

The above is an example of tacit knowledge. An accumulation of such examples, accounts and expressions could be used in a systematic way and generalised by looking for recurring patterns and themes within and between families. This suggestion builds on the recommendation by Eraut (1994) and Fish (1998) that practical knowledge can be extended and refined by making it public through narratives and by consensual validation. Existing theory can be critiqued and tested against emerging patterns and themes making further knowledge available for critique, debate and testing in the field. This is about how the visible (scientific and technological discourse) and the invisible (artistic) characteristics of professional come together in such a way that they are particularly appropriate. In the examples

below the data show that the practice teachers use various strategies to explore, and explicate the embedded tacit knowledge.

PT 10 (285)

> I go into a home with a specific plan…that's easy, problem solved. But then there is something else the family is worried about…what is it? Have I got the story right? You then need to find ways of getting to the bottom of their worry with their co-operation. Difficult? Yes.

PT 12 (265)

> The factual knowledge is fairly straight forward to get into. But then you get into other aspects where it can be a guessing game depending on how good your relationship is with the family. Sometimes I get things wrong, terribly wrong. You learn from experience but you also need a supportive environment.

PT 16 (99)

> Using simulation and exploration with the student helps a lot in order to tap into obscure tacit knowledge.

PT 8 (345)

> A really important aspect is to bring the personal professional knowledge embedded in my practice to the surface and to consider it critically in the light of the context.

The above examples point to uncodified knowledge which is difficult to access for learning purposes.

How practice teachers perceive the knowledge they require is also confirmed in the national education settings following the analysis of the questionnaire.

b) Questionnaire

How practice teachers perceived the knowledge they required were not so clearly articulated in the questionnaire. However, in the additional comments some respondents show that although there were a number of constraints encountered in carrying out their role as practice teachers, they were determined to acquire/increase/maintain the desired knowledge base. Practice teachers used a variety of approaches to make sense of the knowledge they perceived to be valuable. Practice teachers were invited to the university to participate in group learning and teaching of students. Using teaching strategies such as learning sets (25%), and workshops (28%) in order to able to discuss issues from practice, they had to have up to date knowledge of any issues brought up by students. The desired knowledge was evidence based knowledge and a whole range of public health aspects affecting families and communities. Practice teachers perceived that they would require a wide knowledge base in social policy, law, economics, human geography and science in order facilitate effectively the student presentations. These presentations spanned the whole term, with one or two students presenting a topic each week to the whole student group. These presentations were more marked in the questionnaire data.

c) Practice teachers' summative comments

Again, proceeding cautiously, the data show that the practice portfolio provides a means through which students can demonstrate the process of craft knowledge. However, during this process practice teachers identify what they consider to be relevant knowledge to draw on. Using Boud et al.'s six categories (see table 3.2 page 94) the findings show all of the reflective elements in the practice portfolios appeared in the six categories (attending to feelings, association, integration, validation, appropriation and outcome of reflection). The components of attending

to feelings, association and integration were assessed as demonstrated in all the practice portfolios. Validation was demonstrated less frequently in 18 portfolios. Appropriation and the outcome of reflection (critical reflectivity) was achieved in 12 practice portfolios. These findings mirror the work by Boud et al. (1985). Only 8 portfolios described the ability to turn their experience into another potential learning experience. Positive feelings were expressed in the summaries in relation to aspects of communication with clients, which may have enhanced student learning. Positive feelings were also expressed in relation to overcoming personal barriers with families and communities.

There was evidence that all of the reflective elements of the practice portfolio link prior knowledge with new enhanced knowledge – the association element. Integration highlights the relationship of prior knowledge, feelings or attitudes with the new, and arriving at insights. There are two aspects to integration. Firstly, seeking the nature of the relationships that have been observed through association and secondly drawing of conclusions and arriving at new insights which is the basis for further reflective activity. There is also evidence in the practice portfolios that some students (10) test for internal consistency between the new appreciation and existing knowledge and beliefs, for consistency between and parallel data from others and trying out new perceptions in new situations. Boud et al. (1985) in their study highlight that when individuals learn tasks it may be sufficient for them to have integrated the new knowledge but a further step is required. Information that has been integrated needs to be appropriated to become part of one's value system. This element involves making the knowledge one's own. The student summaries show that acquisition of such knowledge has given the students the confidence to use a holistic approach to public health nursing.

Boud et al., (1985) study also emphasises the importance of the outcome of reflection in developing a new perspective. All the practice portfolios demonstrate that for students the benefits of reflection are linked to public health nursing action. Action may occur at any stage of the learning process and it may in itself precipitate a new reflective activity. This is demonstrated in the scenarios provided as examples in the

practice portfolios. The reflective element has been running through the interviews (local), questionnaire (national) and the practice portfolio.

In summary this section responds to the following research question: how do practice teachers perceive the knowledge they require. Interviews emphasise using knowledge from best evidence and creating practice knowledge in order to achieve professional competence. However, a question arises from the participants: what depth of disciplinary knowledge do they require? Knowledge of acute and chronic medical conditions is recognised as increasingly necessary as well as knowledge relating to the environment. The need for mechanisms on how to integrate types of knowledge in practice becomes urgent. The data also show that uncodified knowledge needs to be articulated so that practice teachers can learn from each other.

The questionnaire like interviews also identified various disciplines in SCPHN programme, the content of which varies from one university to the next. They all focus on knowledge from best evidence although this is not always available. One issue which was expressed very strongly in the questionnaire data from English universities was the way practice teachers identify what they consider to be relevant knowledge to draw on by taking an active part at student presentations in universities. The practice teacher familiarises herself with all the topics presented at workshops and learning sets and, thereby, keeps abreast with knowledge required.

The practice teacher's comments in the portfolio highlight the relationship between prior knowledge and the new knowledge and, consequently, arriving at insights. Practice teachers therefore require a wide knowledge base on which to draw (in common with the interview data and the questionnaire data). They also require a means of integrating the various types of knowledge for the insights to emerge. This notion is a step further than the other two methods of data collection.

4.4 What pedagogic practices do they deploy ?

In order to respond to the above research question this theme draws upon the processes of enhancing learning on placement. The data reveals three aspects to this; internship, teaching technologies and student primary experience:

4.4.1 Internship

This was a term used by several practice teachers to describe the period spent by a novice specialist community public health nurse under supervision guided by a practice teacher in the placement area. During this time formative and summative assessments on student work are carried out by the practice teacher.

a) interviews

Student experiences are properly managed under the guidance of the practice teacher. Each practice teacher has one student from the SCPHN programme to supervise. Starting with a learning contract, internship is seen as an important way of distilling key aspects of public health nursing activities in order to help the student shape her thinking and practice.

PT18 (200)

> The shadowing process at the beginning of the placement is very important. It gives the student confidence. Despite being a qualified nurse the student is going into clients' homes for the first time as a community nurse.

PT3 (340)

> During the first few weeks the student shadows me every day. This helps her to make good relationships all round while working within a secure environment.

PT8 (143)

> We agree a learning contract during the first week. I let the student observe what I am doing…we sort of put a structure to this…do a SWOT analysis discuss module learning outcomes…plan learning experiences… this involves more than one practice setting. Reflection is important.

PT10 (401)

> The student is never thrown in at the deep end…developing skills is fairly well managed. My student has been managing a baby clinic by herself for a few weeks now. We are in consolidation practice now and she was a midwife before this…she has an appropriate background for this.

PT6 (203)

> At the beginning of the placement you might start off by using available meanings of the social model of health in an instrumental way to meet the requirements of that situation. The student simply memorises the information…there is no previous knowledge to tap into or previous experience as a specialist community public health nurse.

PT4 (21)

> The student is allocated some families fairly soon after commencement of the practice placement. We then put strategies in place for her to manage her caseload. Supervision is really important… so is feedback.

The data show examples of internship strategies in place to support learning and teaching on placement. This is a managed system of support to ensure a competent practitioner at the end of the education programme. The practice teacher carries out both student formative and summative assessments on the placement. Although all

the participants in this study experienced this one-to-one relationship with a student Byer's (2002) study reports other models such as group supervision in operation. She observes that this is due to a shortage of practice teachers. In this case a group of students are supervised by one practice teacher. The debriefing at the end of visits in clients' is managed within the group.

b) Questionnaire

The data from the English universities showed variations in the kind of support the students received from the practice teacher during the internship period. Various models are being deployed ranging from one-to-one supervision ie each practice teacher being allocated one SCPHN student per academic year. However, almost half of the questionnaires returned identified a number of SCPHN students who were attached to a number of other professionals at different periods during their practice placement. Practice teachers who met with such students described how difficult it was to distil a professional identity. Teaching and learning public health nursing was sporadic. Feedback sessions for students were few and far between.

c) Practice teachers summative comments

As far as internship goes this is expressed more strongly during compilation of the practice portfolio. Practice teachers provide formative feedback and explicit descriptive criteria are used to judge the student's work during the period of internship. The data show that practice teachers require each student's work to demonstrate whether achievement of learning outcomes has been demonstrated, how these learning outcomes have been achieved and, the evidence to support the claims being made, primary, secondary and other. The data show that this highly individualised experience in the practice placement enhances self-awareness, interpersonal understanding, cognitive learning and practice reasoning skills.

To summarise this section, internship was seen as a good way of producing competent practitioners in the interviews. This is achieved by properly managing the

internship period (the practice teacher supports the students with their case loads). Practice teachers use shadowing at the beginning of the placement in order to distil key aspects of what it is to be a specialist community public health nurse. They also provide formative and summative assessments during the entire education programme.

The questionnaire data showed variable teaching and learning support. Half of the practice teachers had to support students whose internship meant that they were supervised within a group of other SCPHN students and by other professionals at various times during the placement. The data show that practice teachers who came across these students felt that these students found it difficult to form a professional identity during the practice placement. This is very different from the interview data.

The practice teachers' comments show indirectly that during internship the student's progress is closely monitored. Reading the practice teachers' comments the working relationship between student and practice is very close. The internship involves whether achievement of learning outcomes has been demonstrated, how these learning outcomes have been achieved and how they link to professional competencies and the evidence to support claims the student is making.

4.4.2 Teaching technologies

The term teaching technologies was also used by a number of practice teachers as a blanket term to describe teaching approaches/styles/strategies/resources.

a) Interviews

The data show that practice teachers used highly individualised approaches to learning

PT20 (146)

> You support the student to understand the subject in a way which is personally meaningful to her and which engages her own experience and her previous knowledge.

PT14 (370)

> With some students the main concern is to achieve the highest grades. As such an assessment-focused approach organises effort, time and conditions for the student to achieve her overall goals. The student is alert and responsive to cues she picks up.

The data reveal that practice teachers tailored pedagogical strategies they employed in the practice placement to meet student-learning need. Light (1995), Entwistle (1997) and Hounsell (1997) describe similar situations in their studies and emphasise surface and deep learning approaches. However, practice teachers acknowledge a schism between theories taught in the university and the knowledge required in current practice.

PT6 (110)

> What happens in your one workplace or ten workplaces… is almost irrelevant according to whatever prevailing evidence is available.

PT13 (164)

> Meetings with tutors in the university form a useful bridge in the curriculum but there are gaps between what the students are being taught and its relevance to the student's practice.

The data show that this tends to arise from beliefs that knowledge which has been generalised (formalised) can be readily transferred to informal settings (practice). Robotham (2001) and Godin (2005) identified the theory practice gap in their studies which presented problems with grading practice at graduate/post graduate level.

Reflection was described as a popular approach to learning:

PT 12 (95)

> The student is gaining confidence. Reflection is like a rehearsal…you can run things in your head…it encourages you to look things up, you know, talk to other people…do things differently…look at the social environment. You don't really get support from managers during this time.

PT5 (74)

> Reflection features in everything we do with the student particularly the practice portfolio. It helps with critical appraisal of practice. All the students have experience of using it to some extent…nursing has been using it for a number of years now

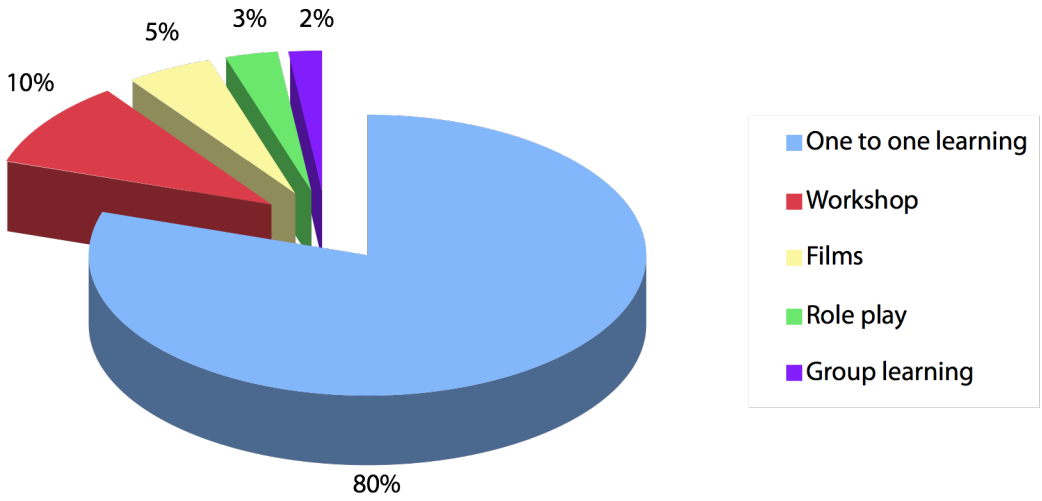
b) Questionnaire

The questionnaire respondents identified strategies which assist student learning to recognise clients' feelings which may be hidden. Figure 4.3 below shows that the one-to-one learning strategy (80%) between practice teacher and student was overwhelmingly the most popular approach used as well as, in a minority of cases (20%), a variety of other approaches to teaching and learning to get at the embedded aspects of practice. The popularity of the one-to-one approach strategy was attributed to practice teachers' enthusiasm, according to information from additional comments, rather than any support they might have had from their managers in the way of extra resources. This approach helped students to make

sense of the learning environment and the meaning making that followed. This position, of pedagogic recontextualisation within English universities in the sample, reflects findings from interviews at local level. Interestingly only 5% of practice teachers use an art form in the way of films for facilitating learning. This is also similar to the findings in the interview data.

The additional comments also show that, practice teachers using the art lens had been drama teachers in previous employment and, therefore, were experienced in articulating clients' and their own feelings which may be hidden. Additional comments also identify relationship building between practice teacher/client/student as being crucial to the success of working out what cannot be expressed in words.

Figure 4.3 Ways of learning aspects which are difficult to articulate



c) Practice teachers' summative comments

The data show that the two approaches to learning discussed above are also demonstrated in the portfolio.

i) One-to-one approach

Individual learning contracts and practice-centred debriefing activities are seen as useful ways of facilitating learning on a one-to-one basis. In these circumstances, the practice teachers' comments show that specific learning outcomes as well as generic ones are identified. The context of the one-to-one approach is within the long thin module which has a specific focus in each semester. The practice teachers' comments show that, guided by their practice teacher, students use material from home visits, clinics, and organised health promotion groups to address the required learning outcomes. Assessment in the first two semesters is formative allowing for personal and professional growth. This assists the tutors, practice teachers and students to concentrate on this specific focus in terms of application. These activities are useful adjuncts to explicating experiential knowledge. Kolb's (1984) study identifies experience as a source of learning.

ii) Learning reflection

Students' reflective reviews are an important way of learning reflection as they use the portfolio. This is where "boundary crossing" of knowledge types occurred and recontextualisation strategies were devised and the new pedagogic discourse created as Barnett (2006) has described. The data show that in the portfolio students consider carefully the evidence to be presented to support their claims of attainment of NMC competencies, adding to this a rationale for the selection of the material together with its evaluation. This is an effective way of reflecting on practice. What seems to be important is the quality and the relevance of each piece to the case being made and its integration as referenced within the reflective review.

The practice teachers' comments show that students used reflective process portrayed in the studies by Kolb (1984); Boud et al. (1985); Mezirow (1990, 1991) and Jarvis (2004). The comments also show that students had been initiated into the use of Boud's model. The Boud's model highlights that an individual encounters an experience and responds to it. The reflective process is initiated when the student returns to the experience, recollects what has taken place and replays it. Re-evaluation involves four elements: association, integration, validation and

appropriation. The appropriation phase can be likened to Bernstein's selective reclassification of knowledge. The outcome of reflection may include the development of new perspectives or changed behaviour. The elements do not proceed in a linear fashion nor are they independent of each other. In the 20 practice portfolios students had completed their reflective reviews according to specific guidelines using both Boud et al. (1985) and the Kolb Cycle (1984) as a framework and had discussions with their practice teacher throughout the year.

To develop student knowledge and skills further, the comments show various techniques and approaches that enabled development of critical reflection especially critical incident analysis. At its simplest the technique invites the student to reflect on a particular incident that they have found in some way critical, that is particularly demanding. The data identify practice teachers using questions more specific to the students' learning, for example – what theories do students think help to explain the incident? Which competencies or assessment criteria did students demonstrate during the incident? Two practice teachers' summary comments in the portfolio are as follows:

Portfolio 20

> In analysing events to create critical incidents, you are trying to verify something you suspect but analysis can also reveal something entirely new. Critique questions what is, and enables you to think of what might be.

Portfolio 16

> Professional judgement is about expert guesses. It has more to do with reflection, interpretation, opinion and wisdom. You have tried to use a systematic approach through structured reflection. I stress though that decisions vary depending on context and family. Try reflecting with the families.

The data show that reflective learning is a complex process entailing considerable creativity as well as discipline in response to experience. This is secondary data however, and interpretation should proceed with caution. Recontextualisation appears to be evident in this process. Practice teachers use ideas by many writers (Boud et al., 1985a; Kolb, 1984; Boyd and Fales, 1983; Schön, 1983, 1987; Steinaker and Bell, 1979; Johns, 1994; Gibbs, 1988 and Brookfield, 1996). The data focus on the practice teacher and student as the main participants in the reflective process. This is consistent with a student-centred approach to learning. The data also identify a possibility of characteristics within the practice teacher's position or within themselves that may inhibit the student's reflection. The practice teacher is in a position of authority, not all students are as comfortable with authorities as peers. This may be particularly if they wish to reflect on aspects which indicate students' uncertainty or their inadequacies:

Portfolio 14

> Your background is in management in an Acute NHS Trust, this creates particular challenges for you as it may be hard not to impose solutions on families in the community. Reflecting on why this is so is tough for you. You are afraid of exposing yourself emotionally. You are used to working in a busy acute ward where sitting down to reflect may have been regarded as not working.

The comments show that students also reflected in student groups and in placement teams in order to be able to complete their practice portfolios. One of the disadvantages was that university placement designs are such that students can miss opportunities for team discussions on certain days of the week. This may impact on the student's ability to collect enough evidence in practice in order to demonstrate competence. The data also reveal that some students find it difficult to stop "doing" and to reflect, particularly when the practice agency culture is one of furious activity

and sitting and reflecting is interpreted as not working. Occasionally practice teacher and student invited clients to reflect on care given.
The data also show that practice teacher works in tandem with the student until the student can "fly solo".

Portfolio 18

> Support with your caseload has made a big difference with your learning. Setting time aside each week to go over what you have been doing has helped to link theory with practice. We discussed scaling your activities to suit where you are. You can perform parts of the visit on your own as a way of gaining confidence.

Students are sponsored into an unfamiliar community of practice by an experienced practice teacher and inducted into its everyday (informal) knowledge. This is similar to what Jean Lave (1991) described in her study as legitimate peripheral participation in daily professional activities. The practice teachers' comments show that these activities are scaled according to a student's existing ability, knowledge and learning readiness. The role of the practice teacher as coach is described as allowing the student to participate in a number of the subcomponents associated with a holistic public health nursing practice and creating practice knowledge whilst providing learning opportunities.

In summary the one-to-one approach to teaching was evident in all three data collection methods. Practice teachers could then tailor their teaching to each student's learning style. Reflection and critical incident analysis were also advocated in the three data collection methods. Practice teachers' comments in the portfolio emphasised learning contracts as a useful teaching strategy. Simulation was more evident in the interview and questionnaire data.

4.4.3 Primary experience - using client stories as a resource

a) Interviews

The data show that people view health and illness as complex and, therefore, seldom rely on a single explanatory system, but rather draw upon many.

PT16 (201)

> Clients use health information from various sources. Clients are influenced by family, their culture and communities. A lot of people use computers, helplines and magazines to form opinions about their health.

Client narratives were influenced by new technologies with families seeking web-based advice and other sources in an effort to monitor their own health, maintain healthy lifestyles and improve the family health generally. What is useful is the ability of students to make valid, well-substantiated assertions, to move from the particular of client stories to generalities of theory, what Bernstein would term "vertical discourse".

PT16 (165)

> Clients feel positive and good about themselves when they feel healthy. Where they live and the community facilities available help them to achieve this.

PT14 (69)

> Once you know the families they freely discuss and seek support for their children's development…or any parenting or relationship issues. The students are present at the visit either observing or taking part.

Practice teachers engage in dialogue with clients about the meaning of their experience whilst assessing their health needs and, students by being close to the actual practice episode, can immediately engage in the dialoguing event thereby anchoring the discussion in practice rather than a reflection on practice. The presence of the student during the practice episode also reduces the potential for the discussion to focus on product description (a summary of events).

The data show that proactive health promotion was the focus of practice teachers during their work with their clients. The client either voluntarily sought out a practice teacher/practitioner in order to obtain help with a specific problem or the practice teacher, often accompanied by a student, routinely and regularly sought contact with people who had not asked for help but are seen as legitimate target in terms of government public health policy.

PT12 (124)

> We often make appointments when visiting families but occasional we opportunistically visit as a result of a missed appointment by the client or some concern about how mum is coping.

The data show that practice teachers and their students in the learning encounter negotiate access to clients' homes to carry out various public health activities. These activities included a focus on young children and families, early intervention and prevention, supporting the capacity for better parenting and preventing social exclusion in children and families. To do this they frame their work within the principles of health visiting and attempt to build trust and make meaning of what might be important for clients. Two practice teachers explain:

PT 16 (260)

> You tell the mother you are her friend and she confides in you. Once child abuse is suspected during a visit, that private conversation you carried out with her becomes very public …she loses confidence.

PT 18 (395)

> Quite often it can be very difficult to get through the front door if the client cannot see why you are visiting. You cannot force your way in. It is about getting them on side – convincing them of the benefit of the visit. It takes a while to convince the student how important this is…once you are in, they often have a lot to tell you.

The above comments demonstrate the tension between the private/public aspect of health monitoring. The client story is part of the information the practice teacher uses to make decisions about client health needs. Practice teachers, using client stories, construct these complex accounts of health by allowing the student to observe practice (a visit), engage in the process of articulating, reviewing, and generating and verifying craft knowledge based on critical reflection. These health promotion roles occupy most of the time of practice teachers and their students on SCPHN programmes and are often conducted as discussed above, in the private sphere of clients' homes. Appleton and Cowley (2003) and, Bryans (2005) also observe this in their studies.

PT 18 (601)

> I run the breast feeding group. I am really interested in this as it makes such a difference for some women. Attending such a group could also make a difference between coping and not coping with a new baby.

For many of the participants the term empathy was used to represent an important public health skill. This had to be communicated to students in the practice placement. Empathy is perceived as an ability to enter into the thoughts and feelings of someone else in order to appreciate "need" from the perspective of the client. It is seen as a learned ability.

PT 8 (297)

> When I visit a family with a student, we divide the work up. She observes the mother while I examine the new baby. When we get back to the office we use visual thinking as part of the communication process. We talk about how the mother tried to describe events and how she felt at the time, she sets the scene and in doing so she uses her own imagery. The pictures you form and, images that are given by the mother are important pieces of information which aid your understanding and interpretation of that mother's needs.

PT 9 (132)

> We have always used client's narratives. I try to emphasise this aspect with students on the placement. The thing is, you have got to listen to their stories about their illness from their perspective. This includes the effect it has on their lives, their feelings about the illness itself, their feelings about health practitioners. These narratives also attempt to give meaning to the their illness.

The narratives, the "in-here" in the data, will be influenced by its visible the "out-there realities" (bio-medical approaches, for example, hearing tests, speech tests); Robotham (2001) also confirms this finding. Horizontal (tacit) knowledge which is linked to everyday life (this gives it its power) is linked to vertical knowledge in a "soft boundary" way. Illness and its impact on the family are important aspects of these

stories. In one instance one mother experienced onset of mental illness on her own mother who was quite young for her years

PT 19 (122)

> She had been very active, ate healthily and enjoyed good health for a number of years and then suddenly she was a different person. It was really hard to accept this.

Thus, the data suggested that practice teachers assess the need for responding according to the worsening family situation. The practice teacher facilitates learning with students on how to recognise the deteriorating situation and respond to it appropriately.

The holistic emphasis of health to be communicated to the student incorporated not only the whole individual, but also the whole environment. In this instance, the practice teacher used several stories to determine the health status of each family and involved the student during practice teacher-client interaction during a home visit. Where a student is deemed knowledgeable and competent enough, she is asked to carry out an activity by herself. She is then asked to reflect and critically appraise her practice. These are important aspects of the students' learning. Three practice teachers explained:

PT1 (29)

> I make sure the student understands that it is important the care includes the whole family, looking at every aspect of the family rather than the crisis aspect. I use stages to bring the student on board, you know, exposure, participation, internalisation and dissemination.

PT5 (77)

> You discuss with students that people are often less concerned about their chronic illness… poor housing or lack of play area for their children are the real issues for them. They get really stressed out about this. This then becomes a priority on that visit. You listen to their stories about this.

PT8 (87)

> Students come from diverse backgrounds, qualified nurses, and midwives, tap into their previous knowledge. A student who has been a midwife before the course is going to handle a new birth visit and breast feeding really competently, whereas, she will be new to using a community development approach to support families and groups and the stories they have about this.

The above quotations emphasise a holistic approach during client interaction. The data show that practice teachers used a competency framework based on Steinaker and Bell (1979) which encourages, first of all, the idea of exposing the student to learning opportunities available and then allowing her to participate in health promoting activities. Where a student is making good progress she is then able to identify client/community health need, will demonstrate a good understanding of the needs of the clients and empower them to take action themselves. The framework allows students to move backwards and forwards along a continuum, depending on their previous experience and how confident they feel, in an effort to achieve the competencies required in each module. Some practice teachers explained how identifying health needs meant taking an overview of stories about the whole family, their culture and the area they live in, as well as the individual client:

SPT5 (150)

> I think students have got to identify the needs of the placement area. Are clients motivated? Well, the students need to get to know the clients and find out what is important for them. A big issue is lack of resources – you know, good information about the area, consistent support for the student – I have a really tough case load…I need more time

Since the potential and possibilities for health could vary so greatly from one area to another, and from one individual to another, a very broad holistic approach appears to be an essential component of the work. Much of the data seemed to express a celebration of flexibility and diversity which benefited students' learning. In one example, a practice teacher a young mother with two small children and whose elderly mother had Alzheimer's disease:

PT 19 (220)

> She can be really lucid sometimes and then she is gone, so I tell the student that we have to talk this through… and talk about mental health. We might not have time to talk about the children until another time.

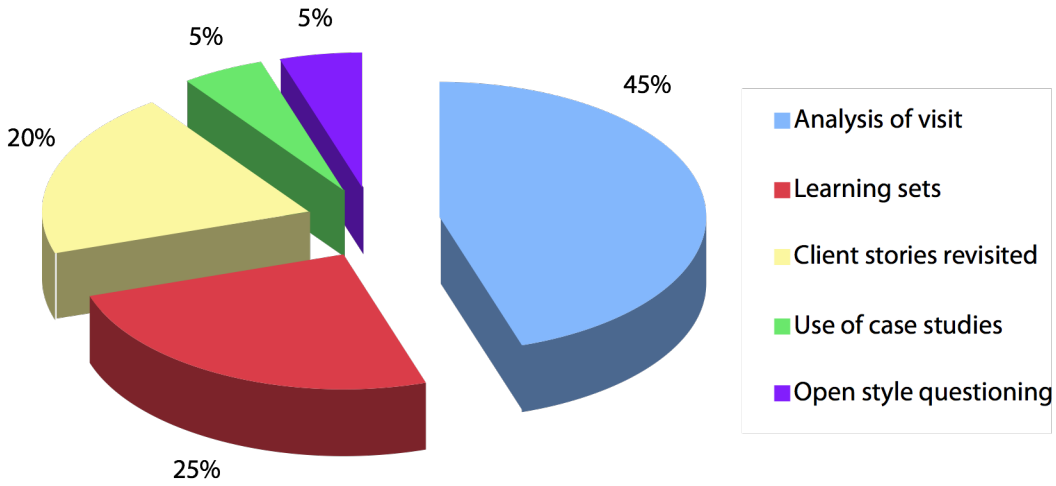
The above quote shows the importance of priority setting and attendance to mental health issues.

b) Questionnaire

In order to get at clients' lived experience, client stories are analysed by the practice teacher and student using a variety of teaching and learning approaches such as analysis of a home visit to a client's (45%) as shown below, use of learning sets (25%) during which groups of students identify issues encountered in practice and analyse strategies used to respond to these issues, re-enacting client stories or using a pool of case studies accumulated over a period (5%) and finally some practice teachers (5%) use a more direct approach by open style questioning in order to find out from clients their lived experience.

The questionnaire data show that respondents valued the above combination of ways of learning clients' lived experience. Again the close relationship between practice teacher and student during placement was key to the learning encounter. Additional comments show that practice teachers and students regularly (once a week to twice a term) held debriefing sessions on the work undertaken by the student with families. The data show that this close relationship was as a result of well managed student support despite lack of resources overall. Students also gave feedback of their work with families by way of presentations within student groups.

Figure 4.4 Facilitating learning from clients' lived experience



c) Practice teachers' summative comments

Again proceeding carefully with this secondary data the practice portfolio is based mainly on client stories discussed in the interview data above. Much of the literature has focused on the development of practice and reflection of practice as reported in studies by Twinn (1989); Cowley and Billings (1999); Robotham (2001) and Bryans (2005;). In analysing the assessment comments of the portfolios I sought to explore how practice teachers' knowledge was brought into play by examining what knowledge was extracted from client narratives in the day-to-day lived experience of the student and practice teacher. Knowledge gained from personal and from professional experience was a constant theme in the student portfolio as they

responded to client narratives. The client stories ranged from significant incidents in their lives to everyday concerns about healthy living.

Portfolio 14

> The scenario used as an example is about a teenager who was pregnant and smoked. The two major issues are common in this locality and reflect worsening statistics nationally. Teenagers react very badly to the top down approach. The response in this case involves group health promotion bringing in other young mums to tell their stories about how they coped.

Portfolio 15

> Sharing experiences and letting the client come up with the solution is more likely to succeed than telling the client what to do.

Portfolio 17

> Client stories often convey a lot of feelings, emphasis on what matters. these can be dramatised for full impact. It can be difficult to maintain confidentiality.

The emphasis in the client-stories is their important role in determining health needs and the appropriate public heath nursing response which meets the module learning outcomes and NMC competencies.

To summarise the section on client stories, the interview data puts emphasis on teaching and learning through home visits to clients. These are part of what is required in order to assess health needs and client concerns. A number of practice teachers use client stories in a pool of case studies for teaching and learning purposes. Practice teachers' comments focus on events in client stories which assist in the learning and teaching situation and that these stories might amount to

significant events in clients' lives or just everyday concerns about living. These events help in the learning and teaching of how to determine health needs.

This section responds to the following research question: what pedagogic practices to they deploy. The three data collection methods emphasise the practice teacher/student one-to-one relationship as being important. However, other models of supervision have been identified at national level. Internship, which provides primary experience for students, is more marked in interviews and practice teachers' summative comments. Practice teachers use student primary experience, which they get from working with clients and listening to their stories, as an important learning resource during home visits. The knowledge used in the pedagogic recontextualisation is part vertical and part horizontal.

Validity of the overall mixed method design where I am attempting to forge three databases may be problematic. In this study one database has been obtained from a secondary source and requires caution in interpreting the results. However triangulating all the results from the three data collection methods the stark difference between the interview data and the questionnaire data is the model of teaching and learning. The interview data show well managed support for the student using a one-to-one relationship and this strategy is claimed to insure competent practitioners at the end of the specialist community qualifying course. Whereas, the model of group support for student found in the questionnaire data did not allow formation of professional identity within the short period of placement. Only the portfolio data show the potential for developing new insights although as mentioned before this finding needs to be treated cautiously.

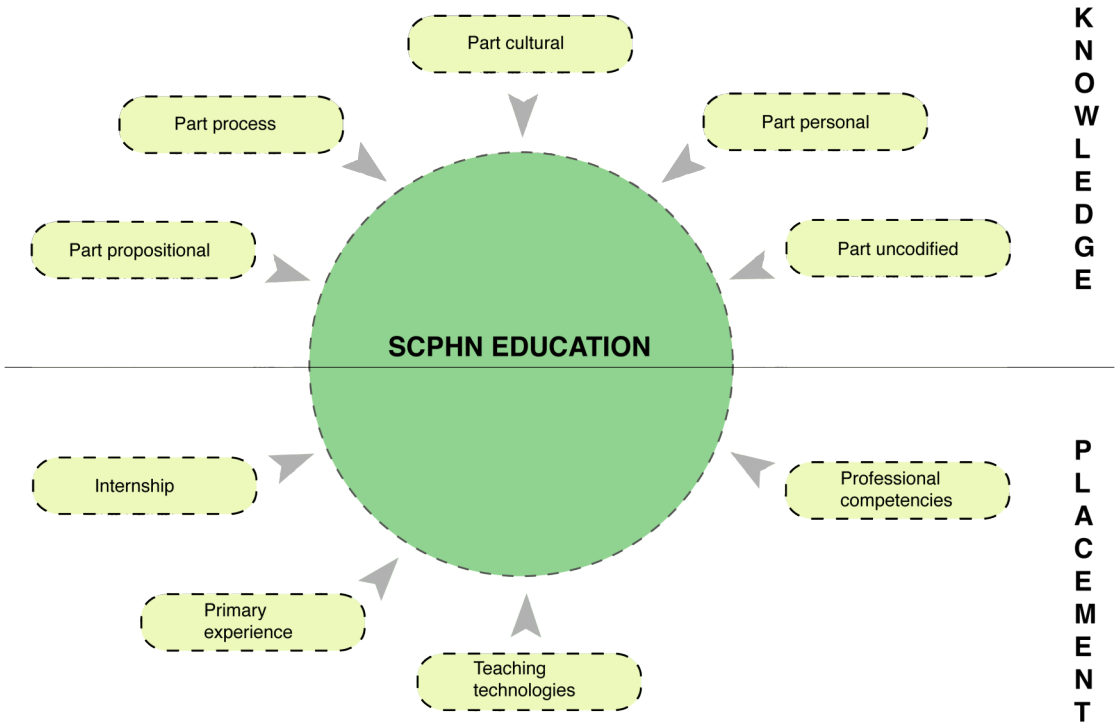
How a practice teacher facilitates learning in the placement area then involves the ability to integrate knowledge types and communicating this process to students. The practice teacher uses what Bernstein (1999) refers to as "horizontal discourses" which are culture and content-embedded within families, communities, peer groups and workplaces. Horizontal discourse is important for getting things done. This tacit knowledge then draws on distinct aspects of practice which include client narratives about health as lived experience, their environment and cultural artefacts, as well as

relevant professional knowledge which consists of hierarchical knowledge structures (vertical discourse).

The process may result in different acts of translation of the day-to-day realities of each practice teacher and render the approach a person-bound strategy. The concept of recontextualisation offers a means of analysing the content and construction of learning programmes and how they are delivered. On this basis it becomes possible to theoretically unpack (from a knowledge perspective) the exact nature of academic/scientific based knowledge and workplace knowledge and to use that detail to conceptualise the most educationally appropriate means of "integration". Here practice teachers inherit the agenda from Bernstein of exploring the conditions for professionalism and the creation of new knowledge in the circumstances of our time.

Figure 4.5 below provides a summary of the process of pedagogic re-contextualisation and selective reclassifying in SCPHN education.

Fig. 4.5 Learning and teaching in the practice placement



4.5 Summary

To return to the research questions which are:

a) How do practice teachers teach public health nursing to students in the placement area?

b) What knowledge do they draw on?

c) How do they perceive the knowledge they require?

d) What are the pedagogic practices they deploy?

The findings at local and national level are similar. To respond to the above questions I have argued that the practice teacher as an experienced practitioner provides the breadth of knowledge required by the student on placement both theoretically and practically. She does this through various learning and teaching strategies. Reflection on these strategies may be context specific and the professional artistry person bound. Bernstein's (1999) analysis of vertical and horizontal discourses has been useful in differentiating knowledge types that the practice teacher and her student use whilst conducting learning in practice. The knowledge from a combination of the above is appropriated, reconfigured and then translated into an instructional instrument for the benefit of the student on placement. Use of art itself in professional artistry is at early stage of conceptualisation. The new professional knowledge can then be articulated to clients, other professionals and health commissioners. The diagram on the previous page shows the processes of teaching and learning in the SCPHN programme. The research questions are at a technicist level but the process and relationship has been turned into an education process.

CHAPTER 5

5 Conclusions and implications for practice

5.1 Introduction

In the previous chapter I put forward my interpretation of how practice teachers teach public health nursing students in the placement area during a SCPHN education programme. The aim of this chapter is to discuss what I found in answer to the questions posed, my contribution to knowledge and to offer recommendations for professional education.

5.2 What I found

I set out to investigate how practice teachers teach public health nursing students in the placement area:

a) What knowledge do they draw on?
b) How do they perceive the knowledge they require?
c) What pedagogical practices they deploy

This has been an interesting journey. The research has revealed practice teachers' on-the-spot inventiveness during an attempt to theorise while supporting student learning on placement.

i) the knowledge practice teachers use is complex originating from a variety of sources including knowledge embedded in the particularity of the individual situation in which the practice teacher is working.

ii) practice teachers see the crafting of the various knowledge types as important however, this skill needs developing.

iii) protocols and guidelines might be used as a basis for actions but that what actually happens during the process of working with clients/students requires an interpretation on the practice teacher's part of these protocols and guidelines in the light of circumstances at the time.

iv) practice teachers use pedagogic recontextualisation strategies during various teaching and learning approaches to create practice knowledge with students.

v) Acts of translation in the practice placement between practice teacher and student then became the epitome of practice knowledge creation.

Articulating the knowledge implicit in practice has been acknowledged as a difficult task. This has been achieved by exposing the use of different knowledge types and, boundary crossing of knowledge types when confronted with ambiguity and uncertainties in order to create new specialist community public health nursing knowledge.

5.2.1 My contribution to knowledge

My contribution has been the identifying of knowledge types in practice placement learning and the combination of these knowledge types using Bernstein's ideal types as a tool to create new specialist community public health nursing knowledge. This process results in two acts of translation as follows:

a) Recontextualising and selective classifying of complex public health nursing knowledge, and
b) Pedagogic recontextualisation of public health nursing knowledge.

An exciting challenge was the occasional glimpse in the thesis of the application of perspectives from the arts as a route to gaining insights into craft knowledge,

however, this lens is at an embryonic stage. The strategy for theorising in practice described above is essentially person bound and context specific.

5.3 Implications for practice learning and teaching in public health nurse education

My findings are generative and in this respect raise several questions for reflection and further consideration. At the beginning of the thesis I said that one of the reasons for conducting the research was because of my interest in education and development, and particularly the importance of theorising in practice. The discussion below has been constructed around the following two imperatives: a curriculum designed for the SCPHN programme which recognises the importance of knowledge creation and improvisation in practice, mandatory requirement and continuous professional development for practice teachers and lastly, dissemination of results.

5.3.1 A curriculum designed for practice learning

The professional body NMC has not addressed adequately the policy issues that affect learning in practice resulting in a reduction of practice teachers who are in danger of becoming extinct. There is requirement for collaboration between government, professional and educational aims which should result in the appropriate level of commitment followed by resources. The curriculum should contain a clearly set out view of sound grasp of the nature of practice knowledge, its sources, categories and components and the principles that might inform the choices of the knowledge needed to underpin practice teacher's work when teaching students.

Professional recommendation arising from the thesis

1) Curriculum development

a) A completely new approach to curriculum design which recognises higher order processes involved in the theory practice integration at graduate and post graduate level, is urgently required. Curriculum design should be explicit on knowledge used and knowledge creation in the SCPHN programme. Practice teachers and students require this skill from the outset.

b) Theorising in practice must be explicit and can be nourished via reflection and deliberation and be demonstrated in the professional portfolio. The ability to theorise in practice assists in demonstrating professionalism.

c) There should be adequate resources to support the above activities as a condition at the conjoint validation event between HEIs and PCTs.

There needs to be an accurate costing of practice placement in the SCPHN programme so that practice learning is accounted for. Curriculum designers need to ensure that they provide incentives for practice teachers and learners to unearth their tacit and implicit knowledge.

2) Professional development

a) There should be mandatory training for practice teachers who support students on practice placements on graduate/post graduate SCPHN programme

Practice experience tends to be a poor second, inadequately funded overall and the value of practice teachers not recognised by the NMC the regulatory professional body. This is detrimental to the ability of the profession to be responsive to the changing needs of their clients and students. Professional development in this area enables practice teachers to reconsider and even redesign their practice and ultimately their
profession.

b) Practice teachers should be encouraged to undertake practitioner research. A lot of ideas can be generated and shared by professionals who are engaged with student learning.

5.4 Dissemination of results

Initial results were presented in three seminars: first, a School wide presentation at my place of work, second a seminar in the unit within which I was a member, and third to participants in the study in order to get feedback on my representation of their views. The three seminars were very useful and offered an opportunity to examine approach and coherence. I intend to present findings of the study once the assessment process is complete to the following:

Participants of the study,

Local and national professional conferences, and

Professional journals.

5.5 Further research

a) Use of arts

One interesting feature, which emerged in the thesis as mentioned above, is how an enhanced experience and appreciation of the arts can be applied to public health nurse education. Using the arts in teaching can be a way of enabling the development of understanding and the ability to enter with imagination into another person's feelings, and to view the diversity of human behaviour and its consequences. The arts is a way of retaining the balance in every day specialist community public health nursing practice between, on the one hand, applying scientific knowledge and procedures and, on the other, engaging with

clients'/patients' own stories, beliefs and demeanour, their experiences of illness, and the influence of their culture and environment.

b) The contribution of individuals' experience

Whilst ethically and morally individual's experiences and preferences should be central to components in the practice of evidence-based health care, in reality little is known about the role that individuals play or the contribution their experiences make.

c) The relationship between client stories and local knowledge

It would also be interesting to explore the relationship between composite client/patient stories and local knowledge. During the course of this thesis there were different emphases during client narratives (as conveyed by practice teachers) in different (urban and rural) localities. The impacts of these different localities on clients and from their perspective are not generally known.

d) The relationship between practical know-how and research

We do not really understand the interaction between practical know-how and research. The aim of this development would be to make this knowledge available for dissemination, comparison, debate and critique.

5.6 Conclusion

This chapter has summarised the findings with a view to presenting an answer to the questions posed. I investigated the way practice teachers taught students on placement during the SCPHN programme. I discovered that they rely on different knowledge types but that these types require to be integrated. They can be combined in a variety of ways and require an act of translation using various learning approaches to facilitate students' learning on placement. The way they do this is

person-bound and context-specific. I believe the approaches described above improve the status of teaching practice and highlight the importance and relevance of learning in practice. The ideas and processes discussed here will enable others to investigate in detail and learn from aspects of their work in order to widen the horizon of learning in practice. Indeed, much of what is discussed here has emerged from teaching practice. The discovery of public health nursing professional knowledge, therefore, flags a changed direction and a different intention for professional development and practitioner research. Most importantly, it is aimed to influence policy in this area.

Appendix 1

Community Specialist Practice Standards (27 core outcomes)

Clinical Nursing Practice

13.1 assess health and health related needs of patients and clients, their families and other carers and identify and initiate appropriate steps for effective care for individuals, groups and communities.

13.2 plan, provide and evaluate skilled nursing care in differing environments and with varied resources. Specialist community nurses must be able to adapt to working in peoples homes and also small institutions, health centres, surgeries and places of work.

13.3 support informal carers in a partnership for the giving of care. The majority of care in the community is given by informal carers. They need guidance, support and resources to carry out tasks so that there is continuity of care for the patient.

13.4 assess and manage care needs in a range of settings. These are complex activities which call for informed judgement to distinguish between health and social needs recognising that the distinction is often a fine, but critical one.

13.5 provide counselling and psychological support for individuals and their carers

13.6 facilitate learning in relation to identified health needs for patients, clients and their carers.

13.7 prescribe from a nursing formulary, where the legislation permits.

13.8 act independently within a multi-disciplinary/multi-agency context.

13.9 support and empower patients, clients and their carers to influence and use available services, information and skills to the full and to participate in decisions concerning their care.

Care and Programme Management

13.10 advise on the range of services available to assist with care. The services may be at local, regional or national levels. Knowledge of these services will need to be kept up to date and advice given to people on how to access and use them.

13.11 recognise ethical and legal issues which have implications for nursing practice and take appropriate action.

13.12 identify the social, political and economic factors which influence patient/client care and impact on health.

13.13 stimulate an awareness of health and care needs at both individual and structural levels. Activities will include work with individuals, families, groups and communities and will relate to those who are well, ill, dying, handicapped or disabled. Those who are able should be assisted to recognise their own health needs

in order to decide on action appropriate to their own life-style. Those who are not able will require skilled and sensitive help.

13.14 identify and select from a range of health and social agencies, those which will assist and improve the care of individuals, groups and communities.

13.15 search out and identify evolving health care needs and situations hazardous to health and take appropriate action. This is a continuous activity and involves being pro-active, it must not be dependent on waiting for people to request care.

13.16 initiate and contribute to strategies designed to promote and improve health and prevent disease in individuals, groups and communities.

13.17 empower people to take appropriate action to influence health policies. Individuals, families and groups must have a say in how they live their lives and must know about the services they need to help them do so.

13.18 provide accurate and rigorously collated health data to employing authorities and purchasers through health profiles in order to inform health policies and the provision of health care.

Clinical Practice Leadership

13.19 act as a source of expert advice in clinical nursing practice to the primary health care team and others.

13.20 lead and clinically direct the professional team to ensure the implementation and monitoring of quality assured standards of care by effective and efficient management of finite resources.

13.21 identify individual potential in registered nurses and specialist practitioners through effective appraisal system. As a clinical expert advise on educational opportunities that will facilitate development and support their specialist knowledge and skills to ensure they develop their clinical practice.

13.22 ensure effective learning experiences and opportunity to achieve learning outcomes for students through preceptorship, mentorship, counselling, clinical supervision and provision of an educational environment.

13.23 initiate and lead practice developments to enhance the nursing contribution and quality of care.

13.24 identify, apply and disseminate research findings relating to specialist nursing practice.

13.25 undertake audit review and appropriate quality assurance activities.

13.26 create an environment in which clinical practice development is fostered, evaluated and disseminated.

13.27 explore and implement strategies for staff appraisal, quality assurance and quality audit. Determine criteria against which they should be judged, how success might be measured and who should measure success.

Appendix 2.1

Protocol

Review Question:

What do practice teachers do with students and how do they construct learning experiences/environments - focussing on the specialist community public health nursing programme.

Definitions:

Specialist Public Health Nursing (SCPHN)
A post registration qualification in public health nursing/health visiting on the third register of the professional body Nursing and Midwifery Council (NMC).

Post-registration
This refers to second level professional training in nursing at graduate/post graduate level.

Practice teachers
Public health nurse/health visitor practitioners who facilitate student learning in the workplace as part of their role.

Mentoring
Supporting and encouraging students to manage their own learning.

Supervision
A supervisor in professional practice overseeing the work or tasks of another.

Preceptorship

A strategy to maximise the benefits of clinical nursing education in terms of knowledge and skill acquisition, confidence and professional socialisation.

WBL (work-based learning)

Learning in workplaces is seen as an important component in enabling students to learn the capabilities for practice and, developing a professional identity.

Search strategy

2. Focused search and screening process to identify relevant literature.

a) Search strings

These will combine MeSH terms/subject headings and using key terms community nursing/ 'learning and teaching in practice'/ 'health visiting education'/ 'public health nursing',/'workplace learning' /practice teacher/student learning in practice/professional education/ higher education.

b) Search sources

Health visiting/public health nursing literature is widely dispersed and does not form a coherent body of knowledge, therefore, in the absence of a comprehensive coverage of practice teaching in a single database these searches will be made in two electronic databases MEDLINE and CINAHL to undertake the search in a rapid time frame. This will be done by downloading and exporting them into Endnote

2. Hand searching

An examination of a number of websites to identify relevant primary research and systematic reviews on what is organisational knowledge on practice teaching in the workplace will be carried out. These will be downloaded by hand.

- Cochrane Effective Practice and Organisation Care group
- BEME systematic reviews
- Centre for Reviews and Dissemination
- Community and Practitioner Health Visitor Association (CPHVA)
- Royal College of Nursing
- Google and Google scholar

Selecting studies for inclusion

- Set a limit for publication date at 2004
- Include studies undertaken in the UK (England, Scotland, Wales and Northern Ireland)
- Studies must be about practice based education/training of public health nurses
- Studies must have students on a public health nurse education programme
- Studies must have public health nurses who have a role as practice teachers of health visitors
- Teaching must take place in a practice setting in the community (not HEI)
- Exclude those studies which are non empirical, that is, studies which do not use data collection methods
- Exclude studies which score below 2 on 'honesties'

Process of selection

- For hand searching, include titles and abstracts reviewed manually applying inclusion/exclusion criteria on screen
- For database searching include the titles and abstracts of all items identified in the search and screen manually against the inclusion criteria
- Download into Endnote

1. Descriptive narrative mapping

- Details of the contexts of teaching in practice
- Details of practice teachers participating in the study
- Details of students
- The nature of the work-based learning
- Study methods used
- Relevant data for synthesis

4. **Coding/data extracting** (using a coding tool)

5. Quality assessment

Aggregative reviews (deductive) tend to have pre-specified methods for quality assessment and relevance appraisal. Configuring reviews (inductive) are more iterative, whereby quality appraisal issues will emerge during the process of the review. Critical appraisal tools, for example, CASP, can consist of a list of questions with fixed response options which prompt the reviewer to make an evaluative judgement. The researcher also engages in 'honesties' as outlined below.

6. Synthesis

The main product of a systematic review is a synthesis of research findings to answer a review question, namely what do practice teachers do with students

and how do they construct learning experiences/environments? Synthesis will draw on meta-ethnography as defined by Noblit and Hare (1988) firmly locating the management and synthesis of findings in interpretivism. Interpretive meta-ethnography enables the researcher not only to compare studies and the the themes identified by the authors but also construct an interpretation. In determining which studies to include 'honesties' rather than validity, (following Stronach, Corbin, McNamara, Stark and Warne, 2002) as a concept allows researchers to acknowledge not only the cyclical nature of 'truths', but also that the nature of 'honesties' is defined by people and contexts and helps researchers to avoid the prejudice for similarity and against difference in data interpretation. Savin-Baden and Major (2004) identify four ways of engaging with 'honesties' in research as demonstrated belo

Table 1 Instrument for evaluating studies suitable for interpretive meta - ethnography

	0 No mention	1 Some mention	2 Good mention	3 Extensive mention
Researcher(s) situated relation to participants	X			
Mistakes voiced	X			
Researcher(s) situated in relation to the data		X		
Researcher(s) take a critical stance toward research			X	
Participant involvement in data interpretation	X			
Study theoretically situated			X	
Different versions of participants' identities acknowledged	X			

(Savin-Baden and Major 2007)

Using one study (Carr, H. and Gidman, J. 2012) which took place at the University of Chester, England. The research was undertaken with 15 practice teachers and

mentors who facilitated learning with students on a SCPHN programme. The data collection methods were semi-structured interviews and a questionnaire. The researchers found that practice teachers/mentors experienced juggling the dual role of practitioner and educator difficult. It is concluded that further support is needed by both the organisation and university to enable this dual role. The steps to be taken in the analysis, synthesis and interpretation will be to:

- Read the studies carefully and examine the relationship between them to determine common themes
- Synthesize data and discuss synthesizing in order to gain second order interpretation. Looking at the above example where educator views focus on the role and learning environment, the researcher can revisit concepts and contexts within which learning is taking place in order to review how the initial findings had been contextualized and presented.
- Develop third-order interpretations that add something that went beyond the mere comparisons of the findings of all the studies.

Project timetable:

Searching	End of January 2014
Selecting studies for inclusion	End February 2014
Draft report	End of March 2014
Final Report	End of April 2014

Anna Naik

19/02/2014

Appendix 2.2

Search strings for electronic databases

MEDLINE

Search terms for population (practice teachers/educators and students)	Search terms for intervention (workplace-based teaching/learning, practice learning)
MeSH terms: mesh.Exact ("Education, Community Nursing, Undergraduate) OR mesh.Exact ("Students, Public Health") OR "Educators, Community Nursing" **Free text terms:** **"**Practice teachers" Practice educators" "Health visitor students" "Specialist Community Public Health Nurses"	mesh.Exact ("Mentors") OR mesh.Exact ("Preceptorship") **Free text terms:** "Practice placement" OR Teaching on placement" OR "Learning experiences/environments" OR "Service learning" OR "Coaching" OR "Apprenticeship" OR "Workplace-based assessments" OR "Health visitor skills" OR "Supervised practice" OR "Preceptorship" OR "Role modelling in practice"

CINAHL

Population	Intervention
MeSH terms: (MH "Educators, Public Health Nurses") OR (MH "Students, Community Nursing) OR "Students undergraduate" **Free text terms:** "Health visitor students" OR "Practice teachers/educators" OR "Specialist Community Public Health Nursing supervisors" OR "Student placement organiser"	**MeSH terms:** (MH "Preceptorship") OR (MH "Mentorship") OR (MH "Service learning") OR (MH "Clinical supervision" **Free text terms:** "Mentorship" OR "Supervision" OR "Practice placement" OR "Supervised learning events" OR "Peer education"

Appendix 2.3

Handsearching Record

Source	
Cochrane Effective Practice and Organisation Care Group	Screened completed EPOC reviews
BEME Systematic Reviews	Screened published reviews; BEME guides, Third party publications about BEME literature.
Centre for Reviews and Dissemination	MeSH terms for population: "Education, Nursing," OR "Undergraduate" Free text terms: Practice educator OR students OR Post Registration Education OR Community Nursing AND MeSH terms for intervention: Explode OR "preceptorship" OR "placements" OR "service learning" OR "supervision"
Community Practitioner and Health Visitor (CPHVA)	Publications searched with key free text terms: 'Practice educator/teacher" OR "Supervisor of practice" OR "Practice learning/student learning"
Royal College of Nursing (RCN)	Publications searched with key free text terms: "Practice educator/teacher" OR "Supervisor of practice" OR "Practice learning/student learning"
Google Scholar	Free text terms: "Specialist Community Public Health Nursing education", "Health Visiting" OR "Practice educator"

Appendix 2.4

Inclusion/Exclusion criteria

	Criteria	Inclusion	Exclusion
1	Electronic citation	Electronically available title and abstract	No abstract available
2	Language	Reported in English	Exclude if journal article is not in English
3	Geography	England Scotland Wales Northern Ireland	Outside UK
4	Publication date	Published after 2004	Published before 2004
5	Empirical research	Articles with explicit reporting of research methods and findings	Not articles without explicit methods eg policy paper, book, editorial etc
6	Population	Practice teachers/educators of Specialist Community Public Health (SCPHN) programme Students on (SCPHN) programme Any other professional who teaches on (SCPHN) programme	
7	Intervention	Practice teaching/learning, Workplace-based teaching/learning (WBL). Include studies where technology is used to enhance (WBL).	Exclude studies which focus on evaluation tools
8	Setting	Practice setting	Not Higher Education (HEI) setting

	Criteria	Inclusion	Exclusion
9	Method for establishing honesties Situating ourselves in relation to our participants Voicing our mistakes Situating ourselves in relation to the data Taking a critical stance toward research	Articles graded 2 and 3	Articles graded below 2

Appendix 2.5

Data Extraction Tool

1. In which country was the study carried out?

England	Wales	Scotland	N.Ireland	UK	Not reported
☐	☐	☐	☐	☐	☐

2. Who are the subjects in the study?

a) Practice teachers

Must be experienced practitioners in health visiting/public health nursing ☐

Must have formal teaching qualification ☐

Must have experience in teaching ☐

b) Students

Must be on full time SCPHN programme ☐

Must be on part time SCPHN programme ☐

	Top up from diploma	Postgraduate	Not reported
Stage of training	☐	☐	☐

c) Other professionals who teach students on SCPHN programme in practice

Profession ☐ Not reported ☐

3. Number of participants in the study

Number ☐ Not reported ☐

f. Work based learning interventions evaluated by the study

a) Type

Supervision	Preceptorship	Mentorship	Peer mentoring
☐	☐	☐	☐

b) Study setting

GP practice	Professional clinic	Client's home	Playgroup	Primary school	Residential care	Other educational setting
☐	☐	☐	☐	☐	☐	☐

c) Scale of work based learning

Routine specialist practice activities	Student learning in groups	Not reported
☐	☐	☐

d) Duration of work based learning

1 day/wk	Block placement	Both	Other	Not reported
☐	☐	☐	☐	☐

5. Outcomes

a) Educator views/perceptions of learning experience

Organisation of learning	Content	Teaching methods	Quality of instruction	Not reported
☐	☐	☐	☐	☐

b) Student views/perception of the learning experience

Presentation	Content	Teaching methods	Quality of instruction
☐	☐	☐	☐

c) Student learning impacts/outcomes

Attitudes eg self confidence	Knowledge eg test results	Skills eg independent learning	Behaviour eg clinical performance
☐	☐	☐	☐

d) Educator impacts

Report changes in the educator's performance eg attitude towards students and learning ☐

e) Organisational impacts

Study measures impact of work based learning on staff/student ratios ☐

6. Study Design

a) What methods were used to collect data?

Questionnaire/survey instrument completed by students ☐

Questionnaire/survey instrument completed by practice teacher/educator ☐

Self-completion report or diary ☐

One-to-one interview (face-to-face, telephone) ☐

Focus group ☐

Observation ☐

Not reported ☐

b) What type of data are reported?

Both Qualitative and Quantitative ☐

Only Quantitative ☐

Only Qualitative ☐

c) What methods were used to analyse the data?

Reported	Not reported
☐	☐

d) Exclude on full text

Yes	No
☐	☐

Select reason for excluding on full text

e) Not evaluation of WBL

Yes	No
☐	☐

7. Instrument for evaluating studies suitable for interpretive meta-ethnography

	0 No mention	1 Some mention	2 Good mention	3 Extensive mention
Researcher(s) situated relation to participants				
Mistakes voiced				
Researcher(s) situated in relation to the data				
Researcher(s) situated in relation to the data				
Researcher(s) situated in relation to the data				
Researcher(s) take a critical stance toward research				
Participant involvement in data interpretation				
Participant involvement in data interpretation				
Participant involvement in data interpretation				
Study theoretically situated				
Different versions of participants identities acknowledged				

(Savin-Baden and Major 2007)

Appendix 3.1

An example of a loose interview schedule

1. Tell me about your own work as a practitioner
2. Tell me about the course your student is undertaking
3. Describe the links you have with the University
4. What background do you require for this teaching role?
5. Tell me about your role as a practice teacher
6. How do you teach the student aspects of your work, which are difficult to describe?
7. Describe student's learning that has gone well.
8. Describe student's learning that has not gone so well.
9. What are the various learning approaches that you use to facilitate students' learning in the placement area?
10. How does the student develop confidence in practice?
11. How do you work out what needs to be followed up during a visit to a client's home with a student?
12. What sources of knowledge do you use in your facilitation of learning role?
13. How do you work out what knowledge to use and when?
14. What role do clients play in each visit to their home?
15. Tell me about the student practice portfolio.
16. How important is this document during students' learning
17. Tell me about the role of reflection in practice.
18. How does all this work in practice fit together with the theory taught in the University?
19. Are there any gaps?
20. How do you fill in the gaps?

Appendix 3.2

Analysing Interviews

The purpose of this appendix is to provide a more detailed description of the process of analysis using one interview (PT2) as an example to clarify points being made. In order to give a clear illustration of this process three stages are described; derivation and application of descriptive codes, derivation of contact summaries and finally derivation of themes from the descriptive codes and contact summaries using the processes of clustering and factoring. These stages are referenced in Figure 3.1.

1. Derivation and application of the descriptive codes.

Data were grouped first of all, by using pre-determined headings as a way of imposing some kind of order on the data. Below is the set of provisional descriptive headings within which subsequent descriptive codes were generated.

a) Provisional descriptive headings

The role of the practice teacher in facilitating student learning
Knowledge and skills required in this role
Learning and teaching on placement
Knowledge and skills required by the student
Successful events
Unsuccessful events

These overarching headings are general and contain little interpretation. However, they mirror key concepts identified in the research by Cowley and Bergen (2000) Robotham (2001) and Titchen (2000) on learning in practice in health visiting/public health nursing. Furthermore, some ideas in the headings originated from my interaction with the data (for example, comments made by informants) and, from prior experience with similar settings as an educator and practitioner. In order to stay focused, I matched these concepts with areas of interest from my research questions. Using pre-determined headings and seeking to fit data into such headings is against the spirit of grounded theory (Miles and Huberman 1994). However, as a researcher you bring 'conceptual baggage' to your data (whether derived from a pre-existing theory or from analysis of data collected earlier) and this will have some influence on what you are likely to see. All 20 informants had responded to roughly the same interview schedule. However even if there were variations in approach to interviewing, each informant gave varying emphases in their responses. The headings correspond with the thrust of the questioning in the interviews and they became part of the agenda followed in the semi-structured interviews themselves. Interestingly, successful events/unsuccessful events yielded surprising and unusual results. The process of applying headings to sections of interview transcript assisted in establishing patterns of thought, the contexts and key events. During this process data were, therefore, grouped through interaction with the data, making comparisons and asking questions of the data (Pidgeon and Henwood, 1996 pp 92-4).

The next task was that of refinement. Miles and Huberman (1994) distinguish between first and second level coding. The first level coding process involved going through all sections of the interviews. Here data were split into discrete parts. The size of the part chosen was whatever seemed to be a meaningful unit in the data (a sentence, an utterance, or a paragraph). Segmenting and coding data in this way allowed me to characterise what each stretch of interview was about in terms of general thematic content. The code I applied was a label. This process promoted the reordering of the data in accordance with preliminary ideas or concepts. Therefore, the labels were provisional and subject to change. Some

pieces of data had several codes. Again, codes were typically related to my research questions.

The next step was second-level or pattern coding. I grouped the initial codes into a smaller number of patterns. However, the development of pattern codes was an integral part of first-level coding, where I continually asked myself "what goes with what?" Checking and elaborating hunches was an important aspect of this process, starting with a very small number of potential patterns and trends - modifying and adding to them. Making metaphors helped to connect data with theory. Metaphors were a device of representation through which new meaning could be learned - they illustrated the likeness (or unlikeness) of two terms (or linguistic frameworks). Relevant sections were cut from each transcript and pasted into a file for each code (code file). This collection of coded extracts made it possible to identify some patterns in the data but I repeatedly asked myself – "do they make sense?" Coding here was not intended to be exhaustive, though it was comprehensive.

b) Descriptive codes

Descriptive codes (i.e. labels) were generated from the twenty transcripts. I will show the coding for interview PT2 as an example to illustrate the process I used to derive patterns. I chose this interview because I remember the informant being forthcoming, interesting and enthusiastic about her role in teaching students in the workplace. Going through the interview line by line the first level codes derived were colour coded in the interview transcript.

The initial codes were then grouped into a smaller number of patterns. This work was central to developing an understanding of the data. This process was about putting together again in some way the data which had been effectively split apart by first level coding. I played with and explored all the codes that I had created by looking for patterns, comparing and contrasting the data sets. These relationships

formed one basis for the development of interpretations. The example in PT2 coding started to suggest possible relationships. In working through this process, I began to a get a feel of what the study was really about and the way I could understand and explain the overall picture. In other words, coding not only established linkages between data and concepts but was also a significant starting point for reflection and for theory building from the data.

First level codes from PT2 interview

Below are labels attached to the text in purple:

Ratio of student and educator [r]
Frequency [F]
Content [C]
Supervision [SV]
Partnership [P]
Support [SP]
Practitioner [PR]
Skills [SK]
Context [CTX}
Experience [EXP]
Plan [PL]
Practice [PRC]

Second level or pattern codes from the same interview above

An established pattern of organising a programme for a student
Learning experiences in the work place
Recognised ways of supporting learning
Patterns of supervising student's caseload

First level codes colour coded green

These are the first level codes applied to the PT2 interview and the broader codes generated from these.

Giving information [GI]
Observing [OB]
Coaching [COACH]
Practicing under supervision using a variety of methods[SV]
Supporting [SP]
Delegating [DEL]
Assessing [ASS]
One to one with the portfolio [O+O]
Group learning [GL]
Learning sets [LS]
Use of drama [DR]
Problem solving [PS]
Use of scenarios [SC]
Reflection [RE]
Activities [AC]
Understanding [U]
Approach [AP]
Subject [SU]
Outcomes [OUT]
Protocol [PROT]
Theory to practice [TP]
Self awareness [SELF]

Second level codes

Teaching methods used in the work place
Learning and assessing approaches

Patterns of support for student learning

Relationship between theory and practice

First level codes colour coded blue

Qualified teacher [QT]

Experienced practitioner [EP]

Registered teacher [REG]

Educational qualifications [EDU]

Location [LOC]

Experience in teaching [EXP]

Role [RO]

Family health [FH]

Facts [KNO]

Activities [AC]

Obscure [OBS]

Skill [SK]

Come up time and time again [REV]

Wave length [WAV]

Write this down [REC]

Second level codes

The patterns in experience

Abilities and competencies required

How the competencies are combined

Trends in complex professional knowledge

First level codes colour coded brown

Formal aspects of practice [FO]

There is something else more subtle [MSU]

Distilling aspects of the role [DISTIL]

Struggling to be one step ahead [STEP]

Mismanagement to save money [CR]

Role currency [RELE]

Top down bottom up information [INFO]

Important to do your job properly [RELE]

Crisis in the family [CRISIS]

Know the family well [KNOW]

When to worry and when not to worry [Tacit}

Complex health needs [CHN]

We don't have the answers [OBSCURE]

Second level codes

How teachers perceive complex professional knowledge

Ways the practice teachers use their knowledge

Patterns of the complex contexts

Role acquisition

First level codes colour coded yellow

Student begins to relate to the client's feelings [CF]

Learn over time [LEARN]

Student's work [PRIMARY EXP]

Student focuses on this document [LEARN]

Complete it very quickly at the beginning of the placement [AC]

The student needs to demonstrate that she has achieved the competencies in her work [COMP]

The student does home visits [AC]

She assesses health needs [ASS]

Needs can be met by the student [AC]

She recommended that mum with the new baby should try and breast feed as long as possible[AC]

Second level codes

Patterns of primary experience for the student on placement
Activities students undertake on placement
Competencies the student requires
Patterns of professionalisation

Interview PT2

Tell me about your work as a Practice Teacher.

I get allocated one student each academic year[R] from the specialist community public health degree course. The student comes to the placement two days a week [F]with a consolidation block placement of eight weeks towards the end of the course[F]. I have to organise a programme for the student[C] during this time. I am supplied with course documents[C] and these are explained at meetings before commencement of the programme, during the programme and towards the end of the programme to make sure all aspects of student support are in place and have been achieved. The student is with me most of the time[SV] initially but then is allocated a case load[SV] of her own (usually five families) as she gains confidence. These are families she visits in their homes [AC] or invites to attend various clinics [AC], for example, baby clinic, breast feeding support, ante natal classes, in order to assess health needs, support parenting, promote and monitor health and support health enhancing activities [AC]. The support for the student is carried out by working closely with the university lecturers[P]. The aim is to produce a competent, knowledgeable Specialist Community Public Nurse. Part of the job of a competent public health nurse is to assess the resources in a family and I think we do that...er...part of it is quite formal [FO], such as how many people in

the family and so on,...and you look at the environment in the house including safety aspects where there are small children and an elderly person...but er...I tell the student there is something else more subtle [MSU] that may be going on when meeting members of the family and thinking "what are they raising as an issue? You then have to follow that up with advice/support or referral. I try to provide a safe learning environment for the student. I have to assess her continuously[ASS]...er...there are guidelines on how to do this. The student will be made aware of this from the word go and we devise a plan[SP] on how she might achieve her goals. This is done at the beginning of the placement. You hope that by the end of the placement she will have a good idea[DIST] of what it means to be a specialist public health nurse.

What background do you require for this role?

When I first started this job, the Nursing Midwifery Council required you to be a qualified teacher of practice [QT]after at least two years of practice as a health visitor[EP] and you had to be registered on the professional register as a teacher[REG]. This is what I did, completing an MA in Education[EDU] as well as all the professional qualifications[PQ]. I found this very helpful as the students were on a graduate programme and I needed to know more than them. Quite often you find yourself struggling to be one step ahead[STEP] of the student. Recently, it seems this is not a requirement for the student to be supervised solely by a qualified health visitor[SV] with a teaching qualification in the same area. I think this is a mis judgement. I think it is mostly to save money[CR]from government's point of view. However, in this Primary Care Trust all of us supporting students on the programme are qualified teachers[QT]. I have been doing the job for five years [EP]with the same university[LOC] and within the same GP practice[LOC]. This provides diverse experience[EXP] for the student. The student has to achieve certain competencies in a practice based profession [ASS], so the main task is to link the theoretical aspects of the course to the practice element [AC]. In addition to supporting the student you carry on with your own practice[PR] as a health

visitor, this provides currency for the student[RELE], but the work load can be very stressful.

Please describe your teaching role.

Health Visiting is a completely new role[RO} for the student who is a qualified nurse and might have been a manager of the service on the acute side. Some students have been midwives and are experienced in home visits[LO] and working in the community with community groups[LO]. The teaching role has to meet the needs of the student [SN]. The main aspect of teaching will be distilling an understanding [U]of specialist knowledge and practice. A good exercise during the learning process is to ask the student to carry out a profiling/audit exercise at the beginning of the placement..[SK].it provides detailed information...like, top down and bottom up information[INFO]. Ok, it does not provide ready made answers but it forms a sensible basis for family health[FH]. The main approach to teaching is through observation of practice[O] through shadowing[SH] and delegation with support[DEL]. Use of problem solving [PS]approaches is an effective way as well as reflection which we use a lot in the practice portfolio[AP]. I also use scenarios [AP]to drum down some facts,[KNO] as well as workshops and learning sets [AP]. Learning by conducting a new birth visit[SK] with a student is always a good place to start. After a birth notification midwives visit mothers for ten days and the health visitor takes over and has contact with parents at various stages to support parenting in the form of developmental assessments, play, feeding, weaning and immunisation up to entry to infant school. Er...there is no agreed definition of positive health[AC]. What I do is to explain to the student that in family public health[FBH] you are looking for their ability to participate fully in life[AC]...and ill-health restricts people from exercising such autonomy. You teach the student how to do health assessments[AC] and how she should have the ability to talk to others in the interagency teams[AC]. There is no substitute though, to being with the individual...in their home [SK]. I do an assessment with a client and the student looks on and then we both explore the knowledge and skills required[AC] to carry out this. The student has to link her knowledge[AP]of these aspects to the families

we are visiting. I stress that the student looks things up prior to each visit and devises 'a visit plan'. At the beginning of the placement er...as I said before, the student 'sits by Nellie' [AP] as it were, and follows me around [AC]while I am engaging with clients. How is mum coping with the new baby and the rest of the family for example? Information giving and support[INFO] is a big part of this. Areas such as child development, biology and physiology, nutrition ...[SU] are more straight forward to pin down. They are important to do your job effectively[RELE]. The problem is updating it all[AC]. The plan with the student will include being responsive to the client [SK]. You might have to deviate from the plan if the client has other priorities. The student learns to prioritise[AC] during this encounter. During that visit to the new parents the students gets to be aware of the type of accommodation they live in,[CTX] their neighbourhood and any support systems. Measures such as low income or poor housing are important factors...students usually have this drummed into them in the university [AP]. Communication with the client becomes a really important skill to communicate to the student as well as practical skills like breast feeding/bottle feeding, developmental assessments[SK]. The student needs to develop confidence in order to reassure the client. So, from a teaching point of view the student watches me first[AC]. We then discuss issues [AC]encountered on the home visit and how these link in with the module learning outcomes[OUT]. I also arrange alternative experience[EXP] for the student with other professionals, for example the GP, Social Services and so on. I also facilitate group learning[GL] for the student so that each student experiences different exposure[EXP]. I think home visits are very important[AC].

Are there times when the visit to client's home has not gone so well?

Oh yes. Quite often this occurs when there is a crisis in the family[CRISIS] you are visiting with the student. The well laid out plan that you have devised falls apart [PL]. The family may not come out with what is wrong straight away but you get a sixth sense of what has not been said[OBS] you if you know the family well enough[KNOW]. You can tell by the way they are talking to you or behaving that

something is not quite right. This is a skill the student develops over time[SK]. You have to teach the student how to be responsive to the needs of the family. Families can also be perplexed by the offer of a health visiting service they have not asked for. Routine health visiting [PRC]is being cut down in many areas and families are given appointments. But even where an appointment [T]exists the families might still wonder why you are there. The student often has 'a doorstep' visit or 'no response' visits [PRC].

How do you teach the student the skill of finding out what is wrong?

A bit difficult at first. You sought of recall all your several scripts[AP]. This is where a lot of experience[EXP] is really important. I used to be a drama teacher before this job. So, I er...remember that...I dramatise the visit [DR]just undertaken with the student to push the point I am trying to make. So, it is about discussion and unwrapping of the situation[DIS] we found. The student begins to relate to the client's feelings[CF] from their story and looking at the situation from their perspective. The thing to do is problem solve.

Feelings are difficult to express.

Absolutely. You have to teach the student how to tune-in[TI] to how clients are feeling. Er... sometimes you need to do a full assessment[ASS] and sometimes you just know[KNO]. If you and the student visit a mother on a bad day she might be particularly distressed. Perhaps she has had a sleepless night with a crying baby. You have to er...somehow be on the same wavelength[WAV], how mother feels about this or that. At the same time you might want to write all this down[REC] in your records. If mother is unsure of her mothering you might not want to...er...write all that down. It might appear judgemental. Your experience[EXP] helps you to decide when to worry and when not to worry[Tacit]. The student learns this over time[LEARN]. OK, it is not scientific but somehow it works. The practice portfolio

that the student completes in practice is very useful in organising what happens in practice [PRC]and looking for evidence to support action[EV].
Tell me more about the portfolio.

The portfolio is used by the student to link theory to practice[TP] and reflects the idea of learning as a process[LAP]. For the practice teacher the portfolio is key [PRC]. I provide formative feedback and I have er...explicit descriptive criteria I use to judge the student's work[PRIMARY EXP] during the period of the placement. The intense 'one to one' teaching[O+O] between practice teacher and student focuses on this document[LEARN]. The students er... find working with portfolio a bit daunting at first[PORT]. The temptation is to try and complete it very quickly at the beginning of the placement[AC]. The document is devised by the programme team and I as practice teacher am part of this team. The role of the professional body is an important aspect here too in terms of the required competencies in a regulated profession[CTX]. The student needs to demonstrate that she has achieved the competencies in her work[COMP] with the families allocated to her. The student also has to show the research evidence[EV] she relies on. This then shows the student's primary source of learning[PRIMARY EXP]. It covers important areas such as understanding specialist knowledge and awareness of current issues in practice, how to make decisions, working autonomously and being able to communicate clearly to others. [UND]

How does this work in practice?

The students does home visits[AC] on her 5 families which I have allocated to her during her year with me[PL]. I will have made sure that the student does not have families with multiple complex health needs[CHN] or families with child protection issues[SUB]. She assesses their health needs[ASS], for example the mother with a new baby, and work out how the mother and her family's health needs can be met by the student[AC], the GP practice, the community resources or the hospital. All this has to be linked to professional competencies and academic standards for the award[SV].

How do you know the student has achieved the standards?

There is a criteria clearly set out for achieving standards[SV] in the course documents. The student is made aware of this at the beginning. The assessment (formative and summative) of practice[ASS] takes place over time through out the year. It is a safe environment for the student, she is never left at the deep end. So therefore she does the visit with me at first and then on her own, discusses the visit with me, writes it up [SV] citing the theoretical underpinning and justification[THEO] of the evidence she is using[EV]. The student will also have an opportunity to discuss health and social issues[DIS] raised in her visits with other students in a group. This is done confidentially. This helps the student to learn. This individualised experience [EXP] in the practice placement enhances self-awareness and interpersonal understanding[SELF].

What sort of evidence might that be?

For example, she recommended that mum with the new baby should try and breastfeed as long as possible[AC]. There is research evidence[EV] that babies breastfed for at least six months thrive well, adjust quickly to weaning. Sometimes the student looks at audit reports[RE] which are helpful in what has been proven to work well as far as breast feeding is concerned. Evidence can also come in the form of protocols[PROT]. These are devised by practitioners[PR]using their experience[EXP] in identifying good practice. We have a group of health visitors who meet monthly to discuss practice. I have arranged that my student attends at least one of these meetings [PRC]. Er...this is quite good, a sort of bottom up approach. We don't always have the answers[OBSCURE]. But sometimes it stops you re-inventing the wheel. If you are working in a particular area, like the rural community we visit, there might be cultural issues that come up time and time again[REV]. These meetings are very useful. Sometimes no one has the answer yet[OBSCURE].

2. Derivation of the contact summaries

Contact summaries were a form of theoretical memo that I used. This was the only memo used in the study. It could be described as 'the observed story' as opposed to the 'lived life story' represented in the interview (Wengraf, 2001). I completed a short contact summary at the end of each interview and usually on the train back to London at the end of the day of the interview. I also used the memo to summarise what I had discovered during interviewing up to then and this assisted in highlighting what still needed to be explored in the next interview. This included hunches I had, surprises even inconsistencies as well as an opportunity to reflect on emerging themes. The summary was also intended to cover not only what I knew but also, the confidence I had in that knowledge, so that gaps and deficiencies could be spotted and remedied. Crucially, the memos gave me ideas about codes and their relationships as they struck me while coding. To generate the contact summary I, therefore, reflected on the interview, focusing on what I felt were the main points brought up in the interview and any interesting observations. The exercise in compiling contact summaries helped me to retain a sense of the 'whole' in relation to what the informant was trying to convey and the context within which the interview was taking place. A similar process of generating first and second level codes – parallel to those used for the interviews themselves – was then applied to the contact summaries once these were complete.

First level codes derived from the contact summary

First level codes colour coded purple

Get the impression that the health team work well together [P] [EXP]
A confident practice teacher who enjoys her work with students [EXP] [ENJOY] [SP]
She has been allocated one student this year [r]
PT organises student's programme whilst on placement [PL] [CTX] [PRC]
Course document [CD]

Second level codes

Systematic organisation of learning

Managed support for student on placement

Experience as educator and practitioner matter

First level codes colour coded green

This is a one to one relationship [O to O]

Coach [COACH]

Carrying out practice under supervision [SV]

Observing practice [OB]

Drama, scenarios, group discussion [DR] [SC] [DIS]

Workshops [workshops]

Critical appraisal [CA]

Second level codes

Teaching approaches employed to cover all areas of the curriculum

A competent practitioner

Mode of supervision

First level codes colour coded blue

Understanding [UND]

Teaching qualifications [QT]

Research [RESEARCH]

Tacit knoeledge [TACIT]

Feedback from clients [STORIES]

Protocols [PROT]

Second level codes

Practice teacher's experience and background

Practice teacher's knowledge

Practice teacher's role with the student

First level codes colour coded yellow

She carries out health promotion activities with families autonomously depending on her experience [FPH] [EXP] [AC] [AUTO]

Invites families to appropriate clinics [CLINIC] [AC] [FAM]

Links theory to practice [TP]

Second level codes

Student's own work

Primary experience

Experience linked to competencies and academic standards

Each PT2 contact summary was coded after the corresponding interview. As with interview data, segmentation of contact summary data and the retrieval of marked data segments (colour coded) was carried out under the headings of first and second level coding as shown above. I used labels which applied to similar situations in the interview data. This process allowed some triangulation on the content of the interviews in terms of my initial impression and later coding of the transcripts. Contact summaries also added contextual information.

13.02.06

14.00 hours

GP practice

A rural location and clients reached by car or bus. This is my second interview which lasted an hour. We were alone in the practice teacher's office. The student is observing a GP consultation in the same building. I get the impression that the health team work well together and the support for the student is good. A confident practice teacher who enjoys her work with students. The interview touched upon her teaching qualifications, her role in supporting the student during her university course. She has been allocated one student this year.

PT organises student's programme whilst on placement using course documents. The practice teacher acts as coach, this is a one to one relationship.. Taking into account the student's previous experience the teaching approach involves the student observing practice, student carrying out practice under supervision and as time goes own she carries out health promotion activities with families autonomously depending on her experience and how confident she is. The practice teacher works well with the multidisciplinary team who assist by offering alternative experience for the student. Student undertakes home visits and invites families to appropriate clinics as required under supervision. Portfolio of practice a focal point for the student and the practice teacher - this links theory with practice. Reflection a major activity. PT also uses drama, scenarios, group discussions and workshops to illustrate points. Critical appraisal is a major activity.

Types of evidence required in the portfolio

Research evidence/protocols/audit reports/feedback from clients/role of tacit knowledge

The way the student was managed in PT2 interview differs slightly from the first interview in relation to the support given to the student. In the earlier interview the student was supervised by two part-time practice teachers who shared the responsibility for student learning. It took a while for that student to settle down. There also appears to be some examples of un codified knowledge which the practice teacher described. This appears obscure and difficult to access for learning purposes.

Issues for the next visit: Mode of supervision, learning and teaching, knowledge which is obscure

3. Derivation of themes from the descriptive codes and contact summaries via processes of clustering and factoring.

The next stage of the analysis was to derive themes. Themes become the recurring regularities and patterns in the data. Two processes were carried out to achieve this:

a) Clustering

Clustering involved grouping events, places, people, and processes together if they appeared to have similar patterns or characteristics. Therefore, it was necessary to integrate clusters developed from the descriptive codes from the interviews.

An established pattern of organising student programme and learning experiences
Managed support for the student on placement
Experience as educator and practitioner required to support student
Teaching approaches required to cover all areas of the curriculum
Learning and assessing approaches
Relationship between theory and practice
Abilities and competencies required by both the practice teacher and student
How the complex professional knowledge was combined
Role taking

The way practice teachers perceived the knowledge they required
Patterns of complex contexts
Patterns of primary experience for the student on placement
Activities students undertook on placement
Patterns of professionalisation

The interview data were more detailed on the learning and teaching patterns and, the students' primary experience on placement. Interview data also revealed how practice teachers viewed the knowledge they required. Memoing was a useful means of capturing ideas, views and intuitions at all stages of the data analysis process. Memos also provided information on the context of the interview.

b) Factoring

Factoring was a process applied to the products of clustering.

The contact summary had been devised as a way of self-consciously setting out to collect and double check findings, using more than one source of evidence. In this way I was able to build the triangulation process into data collection. Integration of the contents of the two "lived" and "observed" stories, helped to construct a plausible account. However, sources could be inconsistent or even conflicting, with no easy means of resolution. Tactics for testing the viability of patterns rely on the active search for contrasts, comparisons, outliers, and extreme cases. Artistry of interpretation depended on a solid and reliable craft base.

The factors referred to are hypothetical constructs developed to account for the intercorrelations among variables. The process sought to replace a large and unwieldy set of variables with a small and easily understood number of factors. Interpretation here involved the transcendence of 'factual' data and cautious analysis of what is to be made of them.

The following are factors and, therefore, the basis of the derived themes. The number after each sentence refer to the themes in terms of content.

An established pattern of organising student programme and learning experiences (One)
Managed support for the student on placement (One)
Experience as educator and practitioner required to support student (Two)
Teaching approaches required to cover all areas of the curriculum (Four)
Learning and assessing approaches (Four)
Relationship between theory and practice (One)
Abilities and competencies required by both the practice teacher and student (Two)
How the complex professional knowledge was combined (Two)
Role taking (One)
The way practice teachers perceived the knowledge they required (Three)
Patterns of complex contexts (One)
Patterns of primary experience for the student on placement (Four)
Activities students undertook on placement (Four)
Patterns of professionalisation (One)

c) Themes

The general phenomenon was:

Teaching and learning on placement

The task was to map out the dimensions of this phenomenon and these dimensions would represent themes as follows:

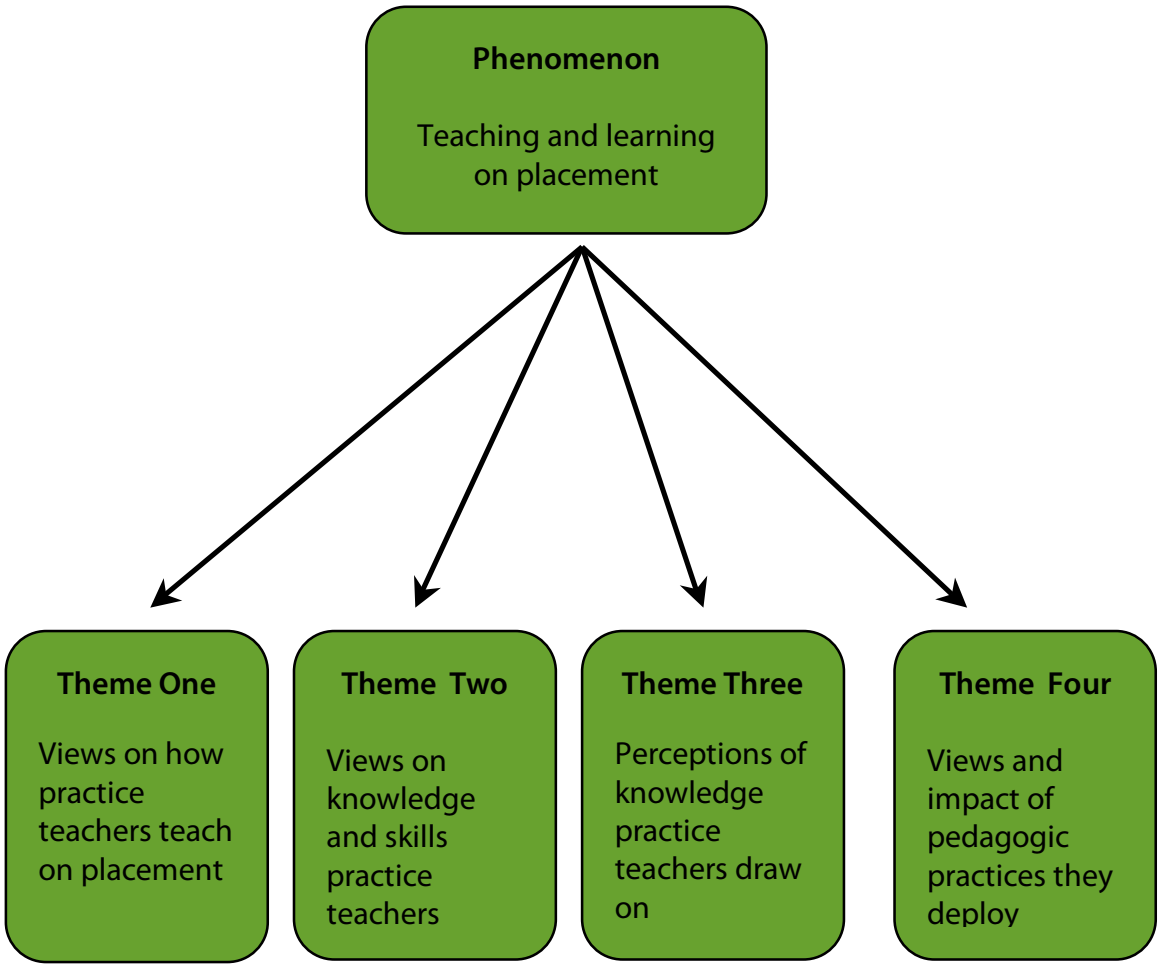
Theme One: Views on how practice teachers teach on placement

Theme Two: Views on knowledge and skills practice teachers require

Theme Three: Perceptions of the knowledge practice teachers draw on

Theme Four: Views and impact of pedagogic practices they deploy

Fig 2.2 Themes



Appendix 3.3

Questionnaires
P.O. Box 53531
London SE19 3UN
e-mail address: naikanna@aol.com
7 February 2007

Covering letter with questionnaire

Dear Colleague

Re: Questionnaire

I am a programme director of a specialist practice course in public health nursing at City University, London and am currently undertaking a professional doctorate at the Institute of Education, University of London. I am at the thesis stage, which will be submitted in partial fulfilment of the examination requirements for the degree of Doctor in Education (EdD). The thesis explores practice teachers' development of tacit knowledge during students' placements on the Specialist Practice in Public Health degree. The information you will provide will help me understand further what goes on in practice and how this tacit knowledge is communicated to students.

As a practice teacher you are the repository of this valued knowledge, which is not widely understood. You play an important role in supporting students in practice. After assessment of the EdD is completed, and through dissemination, the information you provide will be used as a way of determining what is happening in this area, at a national level. It will provide the basis on which we might develop theory about practice. You will, therefore, be contributing to the development of an area of nursing which is under theorised.

The attached questionnaire is my third source of data and the questions build on the interview data and documentary analysis. I am sending the questionnaire to

practice teachers in English Universities via Programme leaders. I apologise for not contacting you directly. This is because it was extremely difficult to access an up to date database of current practice teachers. My intention is to have an idea of your views on how you build up knowledge and appreciation of complex lived experience of family-centred public health. I would be grateful if you could complete the attached questionnaire, which will take about ten minutes. All returned questionnaires would be kept under lock and key to ensure confidentiality. The policy of anonymity will be followed during all the disseminations. I will use codes to identify participants so that your name, place of work and part of the country will be anonymous.

May I take this opportunity of thanking for your time. Please return the completed questionnaire within the week and by the 16th February 2007, either by e-mail or to the above PO Box address. If you have any queries please do not hesitate to contact me.

Yours sincerely

Anna NAIK

Appendix 3.4

Request to carry out research within one university

25 July 2005

Dear

Re: Research on developing theory about practice in public heath nursing

I am writing to request permission to carry out the above research in the School of Nursing and Midwifery. I am an EdD student at London University Institute of Education undertaking the final stage of a professional doctorate. I have chosen to approach you because your Specialist Practice programmes are well established. You also have an innovative and interesting approach to your practice placements in these degrees. I am enclosing:

- My thesis proposal
- Completed copies of policy for staff and students participating in research
- A letter from my supervisor Dr E Garmarnikow at IoE

I am working on applications to Central Office for Research Ethics Committee (COREC) and Local Research Ethics Committees (LREC) in due course once I have consent and agreement from the university and participants.

Yours sincerely

Anna NAIK

Appendix 3.5
Reply from University

Anna Naik

2 August 2005

Dear Anna

Re: Survey application

Thank you for sending copies of the documentation and application request to survey members of our staff relating to your research on developing theory about practice in public health nurse education. I can confirm that your application has now been reviewed and I am delighted to say that we are happy for you to proceed with your research in the School. This is a very interesting topic for us within the School and we would love to hear of findings that arise from your work so please do keep in touch with any progress that you make.

I look forward to hearing from you in the future and please do not hesitate to contact me if you have any queries concerning the above.

Yours sincerely

Director of Research

Appendix 3.6
LREC response

Local Research Ethics Committee

15 November 2005

Anna Naik
EdD student

Dear Mrs Naik

Full title of study: Developing theory about practice in public health nurse education

REC reference number: xxxxxxxx

Thank you for your letter of the 30 October 2005, responding to the Committee's request for further information on the above research and submitting revised documentation.

The further information has been considered on behalf of the Committee by the Chair.

Confirmation of ethical opinion

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the application form, protocol and supporting documentation as revised.

Ethical review of research sites

The Committee has designated this study as exempt from site-specific assessment (SSA). There is no requirement for other Local Research Ethics Committees to be informed or for site-specific assessment to be carried out at each site.

Conditions of approval

The favourable opinion is given provided that you comply with the conditions set out in the attached document. You are advised to study the conditions carefully.

Approved documents

The final list of documents reviewed and approved by the Committee is as follows:

Document	Version	Date
Application		25 August 2005
Investigator CV for Anna Naik		
Investigator CV for Eva Gamarnikow		
Protocol	1	25 August 2005
Covering Letter		25 August 2005
Participant Information Sheet	2.0	30 October 2005

Research governance approval

The study should not commence at any NHS site until the local Principal Investigator has obtained final research governance approval from the R&D Department for the relevant NHS care organisation.

Statement of compliance

The Committee is constituted in accordance with the Governance Arrangements for Research Ethics Committees (July 2001) and complies fully with the Standard Operating Procedures for Research Ethics Committees in the UK.

With the Committee's best wishes for the success of this project.

Yours sincerely

Chair

Appendix 3.7

PARTICIPANT INFORMATION SHEET December 2005

Principal Investigator: **Anna Naik**
Senior Lecturer EdD student

Research Topic:

Developing theory about practice in public health nursing education.

INTRODUCTION

My research interest is about exploring the development of tacit knowledge during placements on public health degrees and its use whilst performing public health nursing activities. I would like to know how this knowledge is transmitted to students by their supervisors whilst on practice placements. This area of practice is under researched.

THE PURPOSE OF THE STUDY

To discover how supervisors of practice teach students in the practice contexts in order to develop a grounded understanding of practice knowledge. I believe this will:

1) Improve the quality of each professional's or team's performance
2) Help communicate knowledge to others
3) Keep one's practice under critical review by linking aspects of performance with desirable outcomes
4) Assist in constructing models that can assist decision making or reasoning

WHY YOU HAVE BEEN CHOSEN

The study focuses on the central role of what goes on in practice between you as supervisors and your students. The emphasis is on professional formation during the transmission of knowledge 'how'. As supervisors of practice you are the repositories of this valued knowledge which may not be widely understood. You, therefore, play an important role in supporting students in practice. You will be contributing to the development of an area of nursing which is under theorised.

WHAT WILL HAPPEN

The researcher will make an appointment to meet you and explain the study. Once you have agreed to take part the researcher will ask you to sign a consent form. The interview will take place at your place of work and at a time convenient to you. The interview will be semi-structured, starting with you describing your work with your student in practice. This will be followed by questions about how you transmit tacit knowledge to your student. The interview will be approximately one hour. A minidisk recorder will be used to record the interview, after seeking your permission. The researcher might also take notes during the interview. In the unlikely event that any clearly unprofessional behaviour is reported this would be discussed further, with you and, if appropriate, referred on for advice and guidance.

WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY

The information you will provide will form the basis of how we develop theory about practice in public health nursing education. All minidisks and notes will be kept under a locked drawer in the researcher's home to ensure confidentiality. When data is entered on computer it will be pass word protected.

The researcher will feed back to supervisors in the first place, in order to get participation validation.

Thereafter, the study will be disseminated widely at local/national and internal conferences as well as refereed journals. The policy of anonymity will be followed during all these disseminations. The researcher will, therefore, use codes to identify participants in the transcripts. This means that your name, place of work and part of the country will be anonymous in all ensuing disseminations. You will receive a consent form with this information sheet if you decide to take part.

May I take this opportunity of thanking you for your time. If you have any queries please do not hesitate to contact me.

Appendix 3.8

CONSENT FORM December 2005

Title: Developing theory about practice in public health nurse education

Principal Investigator: Anna Naik

1. I confirm that I have read and understand the information sheet dated … for the above study and have had the opportunity to ask questions.

   Tick ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without legal rights being affected.

   Tick ☐

3. I agree to take part in the above study.

   Tick ☐

| --- | --- | --- |
| Name of Person | Date | Signature |

| --- | --- | --- |
| Name of Person taking Consent (if different from Principal Investigator) | Date | Signature |

| --- | --- | --- |
| Principal Investigator | Date | Signature |

Appendix 3.9

Themes from contact summaries

Accountability
Academic standards
Audit report
Assessment
Client-stories
Clues
Critical appraisal
Compassion
Competence
Coaching
Counselling skills
Demonstration
Empathy
Evidence-based practice
Expert
Facilitator
Family health
Identity
Intuition
Interpersonal skills
Listening skills
Metaphors
Needs assessment
Non-judgemental
Obscure
Organisation
Own ideas
Person bound
Professional artistry
Protocols
Range of sources of knowledge
Reflection
Relationship building
Role taking
Shadowing
Skill acquisition
Specialist practice
Supervision
Tacit knowledge
Theory generation
Trigger

Appendix 3.10

An example of matrix display in analysis of one code

CODE: TEACHING STRATEGY

Interview	Quote
1A	Well…because of the nature of the referral from the GP…it suggested simply collating information about this individual's health needs and finding out what social support they had in the community. I had equipped myself with this information (107).
3A	Need is a relative and subjective concept. It takes a while for the student to learn this as we have different communities in our patch…I tell the student official data levels of morbidity, mortality, and the extent of unemployment help…but it is more than this at an individual level…you need to assess each person and take their views on board (120).
4A	A good exercise during the learning process is to ask students to carry out a profiling/audit exercise at the beginning of the placement…it provides detailed information…like, top-down and bottom-up information…OK, it does not provide ready made answers but it forms a sensible basis for family health (130).
5A	You teach students to do assessments and talk to others in inter agency teams but there is no substitute for being with the individual…yes, we would normally have an assessment of the client and explore the knowledge and skills required to meet their health needs (250).

6A There is no one agreed definition of positive health. You have to explain to the student that in family public health you are looking for their ability to participate fully in life…and ill –health restricts people from exercising such autonomy (180).

7A I get the student to visit with all first time mothers when we get the new birth notification. With my support and some coaching, this works very well (190).

8A Measures such as low income or poor housing are important factors…students usually have this drummed into them in the university. Taking them out on home visits is a real eye opener for them (102).

9A The clients are quite well off round here. Health assessment for new mothers will be on how they are adjusting to their new role as mothers. Learning here will involve building a good relationship with mum…being a helpful sounding board (98).

10A I tend to use different parts of different frameworks to get me to explain to the student what I'm looking to do, you know (133)?

11A Part of your job is assessing the resources in that family and I think we do that…er…well, part of it is quite formal, such as how many people in the family and so on…and you look at the environment in the house, including safety aspects where there are small children or an elderly person…but er…I tell the student there's something else that is more subtle that is going in when meeting members of the family and thinking "what are they raising as an issue?" (140).

12A I teach the assessment of children's development which is much more streamlined following Hall recommendations. I think there are

long gaps between developmental assessments…the student needs to be really clued in with her families…it is possible to miss things (122).

13A I think you and your student gain a lot from spending time with clients. I think building a relationship is a lengthy process (110).

14A Targeting is a crude tool. I know the resources have to be rationed… but there is a lot we miss out in teaching the assessment process because of this…students get a bit disillusioned (106).

15A There are wide spread inequalities in health status and in access to health care in this same area. In our plans to teach health assessment for individuals we make sure students are aware of this…some of it can only be dealt with through societal measures…wider social determinants of health have a huge impact on peoples' lives (105).

16A I have used simulation exercises with students to facilitate their learning in the assessment of health needs (78).

17A Group work is effective…students respond well comparing and contrasting from an economist's, sociologist's, psychologist's, and medic's point of view. It got them going from a prioritising point of view (97).

18A Student's observing of the practice teacher during the early part of the placement assists in role taking (113).

19A We do a lot of screening in this job but this involves conditions we know about. Screening often follows a health assessment…students, under supervision undertake, some of these screening activities (135).

Appendix 3.11

List of headline factors according to code

CODE	HEADLINE FACTORS
Expert-SPE	A process of discovery
Expert- KNO	When is a public health nurse not a health visitor?
Expert-EXP	An advocate for clients
Expert-RM	Confidence for students
T&L-FAC	Sounding board
T&L-CO	Practice teachers provide scaffolding for students
T&L-SH	A firm foundation
T&L-SUP	Building confidence
T&L-SIM	Realise your own strength and weaknesses
T&L-PS	Clearing up the mess
T&L-ONE	Seeking out a friendly face
T&L-ART	Unravelling a mystery
M-RS	Tuning in
M-KM	Recalling
M-PR	Articulation
M-RI	Mastery of area
M-IT	The iceberg of professional practice
M-R	Distilling
M-CA	Work it out
CS-IFH	Friends of the family
CS-NC	The whole picture
CS-ID	Positive and negative health
CS-SE	A compartment for everything
CS-SU	Building confidence
KC-HC	Unravelling
KC-TRK	Weaving
KC-JCS	Making sense of it
KC-UAL	Mirage or vision

Questionnaire

A Survey of factors influencing the development of practice knowledge during students' placement on Specialist Practice Public Health degrees.

This survey is being undertaken as part of an EdD thesis. The questionnaire is being sent to practice teachers in English Universities. I hope that you will be able to answer all the questions, but if any of them are unclear, please leave these and complete the rest. Thank you.

The questionnaire is organised around your personal details, various ways of knowing in practice and how you decide which of these are significant to communicate to students.

First, I want to ask about you. Please fill in/or tick all the boxes that apply.

1) What are your qualifications in teaching?

2) How long have you been teaching students in the practice placement?

	Tick
1 – 2 yrs	
3 – 5 yrs	
Over 5 yrs	

3) Please identify course.

4) Which of the following describe where you work?

	Tick
Urban area	
Rural area	
Geographical Patch	
GP Attachment	
Sure Start Area	
Regeneration Area	
Children's Centre	

5) Are you supporting/have you supported a student in:

	Tick
2007	
2006	
2005	
2004	
2003	

I now want to ask you about your role as a practice teacher.

6) How many students are you responsible for at any one time?

	Tick
One	
More than 1	

Comment on any other approaches you use to support students:

7) Is protected time for student learning allocated in practice?

	Tick
Every day	
Every week	
Sometimes	
Never	

Additional comments:

I now want to ask you about your own practice as a practice teacher. Please tick the boxes that best describe your experience.

8) Which of these have you found helpful in your work as a practice teacher?

	Tick
Factual Knowledge	
Procedural Knowledge	
Experiential Knowledge	
Intuitive Knowledge	
Insight/ Imagination	
Practice-generated Knowledge	
Ethical Knowledge	
Evidence-based Knowledge	
Professional Knowledge and Conduct	
Self-Knowledge	
Other (Please specify)	

Additional comments:

9) How do you help/facilitate your students learning from clients' lived experience?

	Tick
Clients' stories revisited: Verbal/oral	
Feedback from clients about public health activities	
Observation of practice teacher's action during a visit	
Questions and answers during public health activities	
Reflection – in – action in everyday taken-for-granted aspects of practice	
Analysis of student/practice teacher/client interaction after a visit	
Presentation of a critical incident for analysis within a group of students	
The use of case studies in a group for the purpose of learning	
Discussion of portfolio extracts with practice teacher	
Other (please specify)	

Can you give one example of a successful session?

10) Which sources of knowledge do you use when facilitating students' learning in practice?

	Never	**Seldom**	**Sometimes**	**Frequently**	**Always**
I use my own ideas	☐	☐	☐	☐	☐

I use information my fellow practitioners share	☐	☐	☐	☐	☐
I use best evidence from research	☐	☐	☐	☐	☐
I use information I get from local policies and protocols	☐	☐	☐	☐	☐
I use information from local audit reports	☐	☐	☐	☐	☐
I use information from national policy initiatives and guidelines	☐	☐	☐	☐	☐
I use information communicated to me by managers of the service	☐	☐	☐	☐	☐

Additional comments:

11) How do you teach students aspects of practice that may be difficult to put into words?

	Tick
Through use of the practice portfolio	
One-to-one learning	
Group learning	
Interpersonal skills learning	
Lecture	
Workshop	
Role play	
Drama	
Film	
Narratives	
Music	
Art	
Opera	
Other (please specify)	

Please describe any other forms of communication that you use and why.

12) Please list barriers to facilitating students' learning in practice that you have encountered.

13) Please identify what you consider the three most important factors which you feel contribute to students learning in practice.

Any other comments are welcome
Thank you very much for your time. Please send your reply to:

Questionnaires
P.O. Box 53531
London
SE19 3UN
Email: naikanna@aol.com

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